Lumleian Lectures

ON THE

PATHOLOGICAL RELATIONS OF THE VOICE AND SPEECH.

Delivered at the Royal College of Physicians, London,

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LECTURE III.—PART I.

MR. PRESIDENT AND GENTLEMEN,—I propose in to-day's lecture to confine my attention to those affections of speech which are dependent on lesions of the higher nervous centres—affections which are commonly included under the term "aphasia." I need not repeat the well-worn story of how Gall and his pupil Bouillaud first localised the faculty of speech in the anterior cerebral lobes; how MM. Dax (father and son) demonstrated, as the result of long-continued observation, that disturbances of speech occurred mainly, if not wholly, in dependence on lesions of the left cerebral hemisphere; and how M. Broca, at a later period, identified the posterior third of the left third frontal convolution, together with perhaps a portion of the adjoining second frontal convolution, as the special centre for articulate speech. Notwithstanding the striking observations on which this last conclusion was based, and the rapid accumulation of facts which, on the whole, tended strongly to confirm its truth, many distinguished physicians, having regard to the important exceptions to the rule which occasionally presented themselves, and from a disinclination to believe in the localisation of cerebral functions, hesitated for a time to accept it. But this localisation, to which many pathological as well as physiological considerations had long pointed, on which Hughlings-Jackson had especially insisted, and which Bastian and Broadbent, in their writings on aphasia (now some years old) had assumed, has during the last few years been established beyond the possibility of doubt by the experimental researches of Fritz and Hitzig and of Ferrier. And some, at any rate, of the apparent exceptions have been in the case of left-handed persons, in whom we have now ample reason to believe that the functional importance of the cerebral hemispheres, as well as that of the limbs, is transposed. There are few, therefore, now who, in the main, do not acquiesce in Broca's generalisation that the posterior part of the left third frontal convolution, together possibly with some neighbouring tracts, is the special centre for the expression of the thoughts in language, and who do not also accept his explanation that the predominance of the left side of the brain over the other side is connected with the predominant use of the right arm and leg, and due to a special aptitude of the left hemisphere to take the lead in self-education, in determining actions which require special skill, and in the higher mental operations.

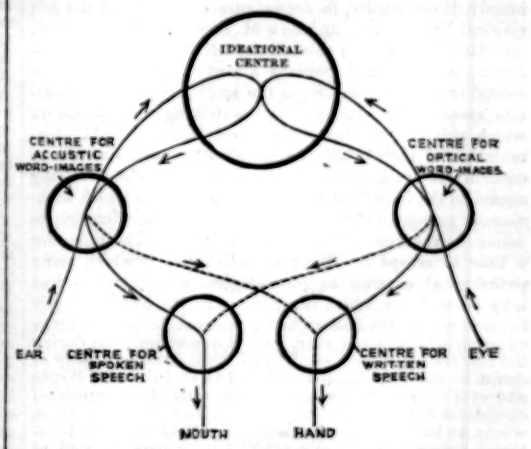
Broca himself, however, did not regard the spot here indicated as the intellectual centre of speech, but as the supreme centre for the motor processes of speech, as the agent of the mind for the automatic expression of the thoughts in articulate language and in writing—a view which Hughlings-Jackson adopts when he speaks of it as being "the way out" for speech. Apart from the pathological consequences of disease of this area, there are several considerations which tend to establish the truth of Broca's inference. One is the discovery that in the case of many of the lower animals experimental injury to the posterior part of the third frontal and lower part of the ascending frontal convolutions on one side causes, according to its character, paralysis or spasm of the opposite side of the tongue and lips—a fact which evidently implies a direct connexion through the motor tract between this particular part of the brain and the muscles which subserve articulation. Another is the anatomical fact, that all that region of the cerebral surface which is anterior to the fissure of Rolando, together with the ascending parietal gyrus situated behind that fissure, and therefore Broca's convolution, is specially connected with that portion of the corona radiata which springs from the corpus striatum, and the portion of the interna l capsule derived from the crusta of the crus cerebri—in other words, with the motor tract. This region, moreover, as M. Betz has shown, is characterised by the possession of giant cells, like those which distinguish the anterior or motor horns of the grey matter of the cord.

If, then, Broca's convolution is to be regarded simply as the centre for the motor processes of speech, it is clear that it forms a part only of the cerebral mechanism concerned in speech. Dr. Bastian, in his able article before referred to, published ten years ago, insists with great clearness that there are in the cerebral surface "perceptive centres." "It seems almost certain," he says, "that impressions from the organs of sense to the perceptive centres in the cerebral hemispheres travel along different routes, although we may be more or less ignorant as to what these routes are, and also as to the extent and situation of the ground occupied in the cerebral hemispheres by the several perceptive centres." He goes on to say: "We may be sure that such centres are in connexion with afferent fibres, bringing them into connexion with ganglionic masses, existing nearer the base of the brain and the medulla oblongata; that upon these lower ganglionic masses sensory impressions, travelling along their respective nerves, impinge, and that each there undergoes that first modification of the series which is to convert the primary stimulus into a distinct perception, after the final action of the cells of the cortical substance in the corresponding perceptive centre." And the view which he puts forward is, that spoken words caught up by the ear are carried as acoustic impressions by a definite route to a supreme acoustic centre, where they become perceptions, and get stored up in memory, ready to be revived during thought and to be translated into articulate speech through the agency of commissural fibres leading from this acoustic centre downwards to the corpus striatum, which he appears to regard as the co-ordinating centre for the motor processes of speech; but that while written words striking the eye are similarly conveyed to a superior visual centre, there to be converted into visual perceptions capable of revival in thought, writing is effected primarily by the revival of the auditory impressions of words, which then automatically revive the visual impressions of the letters composing words, and thence evoke, through the agency of the corpus striatum, the muscular co-ordinations involved in writing. It may be added that he assumes there is a free intercommunication by fibres between the several perceptive centres and all others; and that, adopting Herbert Spencer's view, he regards the power of naming (which is an essential factor of language) as being dependent on the integrity of the memory, and the capability of performing the simplest acts of inference, and its loss, therefore, as apparently the consequence of a general weakening or failure of intellect, rather than of any lesion occupying a definite site. Dr. Broadbent, in a very ingenious paper read three years later, adopts Dr. Bastian's views with some modifications. He assumes, with Dr. Bastian, that there are distinct perceptive centres in the convolutionary surface of the brain connected with each of the special senses, in which impressions received from the several organs of sense become perceptions. He assumes that the centres connected with audition occupy the marginal convolutions of each hemisphere, and that words are revived in these as remembered sounds, and that the outlet for "intellectual expression in spoken words," or the supreme centre for the motor processes of speech, is situated where Broca places it, in the posterior part of the third frontal gyrus, the cell groups for spoken words being seated in the corpora striata. He assumes further that, in simple parrot-like repetition or speech, auditory perceptions or remembered sounds originate in the auditory perceptive centre a stimulus which acts directly on those groups of motor cells in the corpus striatum, which co-operate in the production of the corresponding articulate movements. But he also maintains that the perceptive centres fulfil only a subordinate mental function; that in them the perceptive acts are rudimentary only; that they take cognisance merely of those attributes of objects which affect the particular sensory nerves which are in relation with them, and of the causes which underlie them; and that there is a higher centre still, with which all the perceptive centres are in intimate relation, in which are combined the perceptions of these several perceptive centres, and in which a conception

or idea of an object as a whole is obtained. This also he regards as the naming centre. And he holds that speech as an intellectual function takes its start, not from the perceptive centre, but from this higher ideational centre, operating through Broca's convolution (which determines the exact combinations of words in which ideas are to be clothed) on the appropriate cell-clusters in the corpus striatum, which by influencing the subordinate nerve-nuclei call forth the combined movements on which articulate language depends. Dr. Broadbent, without discussing the matter at any length, indicates also that other perceptive centres, and notably that connected with vision, have similar relations with that of hearing to the ideational centre, and somewhat similar relations with it to language—at any rate to written language. The practical difference, therefore, between these writers seems to me to be that whereas Bastian assumes the presence of perceptive centres in which verbal impressions are received and revived in thought, and which in all cases, so to speak, play directly on the keys for verbal enunciation situated in the corpus striatum, Broadbent assumes that the processes which Bastian enumerates, and the routes which he indicates, belong solely to words as acoustic impressions and reflex motor reproductions, and that for language as an intellectual function there is a higher centre to which all the perceptive centres converge, and from which, when wishing to express our thoughts in language, impulses proceed first to Broca's convolution (which in the former case is avoided) where the suitable selection of words is made, and thence to the corpus striatum, where, as also in the case of simple reflex speech, the cell-groups which represent articulate sounds and words are called into action. The difference, however, is hardly so great as it seems (excepting in the clear recognition by Broadbent of the linguistic importance of Broca's convolution), for Bastian assumes the presence of some higher mental powers than those which he expressly discusses, and which are concerned in naming and remembering, but he regards them as functions of the general intellect, and does not, therefore, venture to localise them.

The above views were formulated before the experimental researches of our distinguished colleague, Dr. Ferrier, and those of his foreign fellow-workers, had determined the existence in the surface of the hemispheres of specific areæ, connected severally with specific groups of motor processes, and the different sense organs. These recent researches give a special value to the older speculations, and while they help to correct them they help also to substantiate them. As we have already shown, Dr. Ferrier, by a happy coincidence, places his centres for special movements of the tongue and lips as nearly as possible in the posterior third of the third frontal convolutions. Immediately above and behind them he recognises centres for the elevation, depression, and retraction of the mouth; and closely adjoining these—namely, in the ascending parietal convolutions—are the areæ connected with specific movements of the hands and wrists. Thus, according to this gentleman, we have a group of centres comprised within a comparatively small area, which would seem to have some specific relation with those movements of the organs of articulation and of the organs concerned in writing which are determined by mental operations. Again, Dr. Ferrier shows that the perceptive visual centre, the centre connected with the upward termination of the visual tract, occupies the whole extent of the supra-marginal convolution, and the pli courbe; and that the perceptive acoustic centre, to which auditory impressions are directly conveyed, corresponds to the whole length of the first temporo-sphenoidal convolution. It is an important anatomical fact that all the above motor areæ are comprised within that part of the brain-surface which has a special relation with the motor region of the corona radiata, and that the above sensory areæ occupy that portion of the surface which is similarly related to the upward extension of the sensory tract. It is also an important fact that these several motor and sensory areæ are nearly conterminous, and therefore so placed as to admit of easy intercommunication, and that they are all included in the district supplied by the middle cerebral artery, and consequently are liable to common implication when that vessel is obstructed.

I do not claim to be in any degree a metaphysician, and I have no personal speculations of any value elucidative of the subject under discussion to place before you for your guidance or consideration. But I am bound to say that, recognising as I do that various recent investigations, starting from different points, and conducted in different lines, unite in demonstrating the localisation of cerebral functions, and especially that the posterior and lower part of the cerebrum, which is directly connected through the optic thalami and posterior parts of the internal capsules with the sensory region of the cord, is itself the supreme centre of perception, comprising within itself the perceptive centres belonging to the several organs of sense; that the anterior and upper part of the cerebrum, which is mainly in relation through the corpora striata and anterior portions of the internal capsules with the motor region of the cord, is the supreme centre for the co-ordination of those movements which are directed by the mind, and includes within it subordinate centres which have specific motor functions; and that thus, just as the sensory and motor tracts of the cord are in horizontal connexion with one another, so that afferent impressions made upon the former are translated to the latter as motor impulses, and just as the optic thalamus and corresponding corpus striatum present similar mutual relations, so there is reason to believe that impressions made or revived in the sensory areæ of the brain evoke through the corresponding motor areæ special combinations of movements—I am, I repeat, bound to say that I recognise, if not literally, at any rate essentially, some such localisation of the several processes of speech as that represented in the diagram. Without binding myself to accept it in detail, I am inclined to think that this diagram,



which is furnished by Kussmaul in his article on "Disturbances of Speech," in Von Ziemssen's Cyclopædia, fairly well represents the conclusions that may be accepted provisionally in regard to the arrangement and connexions of the areas concerned in speech. He assumes, as will be seen, a sensory centre for acoustic word-images, and a similar centre for optical word-images (which are presumably, as we have shown, the first temporo-sphenoidal gyrus and the supra-marginal convolution with the pli courbe respectively); he also assumes a motor centre for the co-ordination of sound-movements into spoken words, and one for that of strokes produced in writing into written words (which would seem to be situated in or near the third frontal convolution); and he further assumes, with Dr. Broadbent, a higher ideational centre, where articulate sounds and the visual images of objects blend, where ideas are formed, and whence the impulses to express oneself in language, whether by the mouth or by the hand, or in any other way, emerge. And he considers that mere imitative speech is effected directly through the conjoint agency of the acoustic centre and the centre for the speech-movements of the lips and tongue, or indirectly in written characters through the acoustic centre and the centre for expression in writing, or directly in written characters through the conjoint agency of the visual centre and the centre for expression in writing, or indirectly in spoken language through the visual centre and that for speech-movements. And, further, he considers that spoken or written speech as an intellectual operation is evoked in the ideational centre by the action of the perceptive centres, or by the ideas which originate within itself, and that it becomes expressed through the agency of one or other of the co-ordinating

centres for word-movements. The main points of this scheme on which I am disposed to be critical are, first, that I do not recognise any need for assuming that the ideational centre in evoking word-movements should have to act upon the motor centres through the perceptive centres, unless, indeed (as it probably should be), the ideational centre be regarded as merely the diagrammatic differentiation of a special cerebral function which has no exclusive anatomical seat; second, that it seems to me that the diagram ought to have attached to it subordinate co-ordinating centres—namely, on the motor side the corpus striatum, and on the sensory side the optic thalamus; and, third, that the diagram represents the arrangements of only one side of the brain. It is obvious, indeed (a point of which Dr. Broadbent has not been forgetful), both on anatomical and on physiological grounds, and judging from the effect of the destruction of the organs of sense, that the perceptive centres of one side of the brain have little or no preponderance in importance over those of the other side of the brain, and that they differ, therefore, in this respect from the supreme motor centres, and probably also from the ideational centres connected with them, which, as far at any rate as speech is concerned, are potent on the left side, but remain in practical abeyance on the right; so that consequently while words seen or heard with either eye or either ear can be perceived in their respective perceptive centres, they not improbably in any case evoke distinct ideas only when they are taken cognisance of in the left side of the brain, and certainly, as a general rule, only evoke spoken or written language when they act on the special motor organs through the motor centres of that side. And as regards the subordinate centres—namely, the corpora striata and optic thalami,—I am inclined to think, with Dr. Broadbent, that the motor cell-groups for literal sounds, and probably also those for the mechanical details of writing, are placed in the former ganglia, while on analogical grounds I am disposed to think with Dr. Bastian that subordinate sensory co-ordinations take place in the optic thalami.

It is, at any rate, not difficult, with the aid of some such plan, to explain many of the clinical phenomena presented by aphasic patients. Thus it is conceivable, that if the auditory perceptive centres be implicated or their communications with the ideational centre divided, the patient would, as Dr. Broadbent urges, fail to understand the meanings of the words which he hears, and probably those which he utters; that if the visual perceptive centres be affected, or their communications with the ideational centre cut off, the patient would fail to understand written language, and probably lose the power of writing; that if the left corpus striatum or the fibres between this and Broca's convolution be destroyed, there would be at least temporary loss of power of uttering articulate sounds; that if Broca's convolution itself be injured, the capacity for verbal utterance, and probably also that for expression in writing, would be impaired or lost; and that if the ideational centre be the seat of lesion, the patient would no longer be able to recall words or perform many of the higher mental operations connected with language. By means of such a plan, moreover, it is easy to understand how persons who have lost the power of recollecting names may yet be able to repeat words dictated to them, and how persons who have lost the art of writing, either to dictation or spontaneously, are yet sometimes able not only to write a copy, but to translate printed words into their written equivalents. It is evident, however, that the close neighbourhood of the several centres above referred to, their intimate and complicated relations with one another by nerve-fibres, the association with the predominant side of the brain of the other side, which probably co-operates with it, though in an uncertain and feeble way, and the fact that the affections of the brain implicating speech, though generally paralytic, are sometimes irritative, collectively render it exceedingly improbable that we shall often meet with typical cases of any simple disorders of speech. Cases that come before us are almost always complicated, and yet the grouping of the phenomena which they present is often curious and suggestive.

I may add that it seems to me probable that there is an important difference between the co-ordination of the organs of articulation for articulation and that of the hand for writing. In the former case the different positions which the organs assume are determined, even from the beginning, neither by sight nor by touch, but simply by the nature of the sounds evolved as recognised by the ear, and it is likely therefore that if the special groups of cells for the co-ordination of the necessary movements fail to act, the patient might lose absolutely, at least for a time, the power of articulate language, even though he retained the voluntary use of his tongue for other purposes. In the latter case, although, not improbably, a similar series of co-ordinations is developed in the process of learning to write, and might conceivably be destroyed by disease, it is clear that so long as the patient retains the general use of his hand, he must still be able, under the guidance of sight and touch, to copy what is set before him to copy, or, if he remembers the forms of letters, to reproduce them in their proper shapes. It would, of course, be different if the supreme centres for the combined movement of writing were the seat of disease.

From this, I fear tedious and somewhat barren, disquisition, I proceed to narrate several cases which have been under my care, and are illustrative in a greater or less degree of some of the physiological points that have been under consideration.

The first case of my own which I shall cite is one I have already published. It is of great rarity, and to me of much interest. Trousseau, who met with a typical example of the kind, says:—"I received one day in my consulting-room a carrier of the Paris Halles, very young, and having the appearance of a man enjoying excellent health. He made signs that he could not speak, and handed me a note in which the history of his illness was detailed. He had written the note himself, with a very steady hand, and had worded it well. A few days previously he had suddenly lost his senses, and had been unconscious for nearly an hour. When he came round he exhibited no symptoms of paralysis, but could not articulate a single word. He was ineffectually galvanised for a fortnight; but without any special treatment he completely recovered his speech five or six weeks after the invasion of the complaint. It is very remarkable, however, that during the whole course of this singular affection he could manage all his affairs by substituting writing for speech." My own case was that of a Canadian, thirty-six years of age, a steward on board a steamer plying between India and China. Having previously enjoyed good health, he was attacked on the morning of March 7th, 1868, while in the Straits of Banca, with headache and feverishness, which were followed a few hours later by a series of violent epileptic fits. He remained unconscious for several hours, and, on coming to, found himself lying on the floor of the cabin; and he soon discovered that, although he could see and understand everything that was going on, he was totally unable to move a limb, had entirely lost the power of speech, and was "stone deaf." He could not hear a pistol fired off close to his ear. He remained in this condition up to the time of his arrival at Singapore on March 20th. He was then transferred to the General Hospital. At that time his right leg and arm were still weak; his left limbs were numb and quite powerless. He had pain and tenderness of the scalp. He was still perfectly deaf and dumb, and had, further, considerable difficulty in masticating his food, which was due in some degree to pain in the back of the head provoked by the movements of mastication. He gradually improved. In the first week he regained complete use of his right side, and audition so far returned that he could hear when spoken to loudly. His hearing was restored by April 22nd. He also regained to a large extent the use of his left arm, and improved remarkably in his general health. In the middle of June he left the hospital, and started for England in a sailing vessel. At this time he was still incapable of articulation, had difficulty of mastication, the left leg was useless, and the left arm was so weak that he could not use a crutch which had been provided for him. His voyage lasted four months, and he was received into St. Thomas's Hospital on Nov. 1st.

On admission, he complained of numbness in the left leg, with loss of power and tremors in it when he tried to use it. He could walk totteringly with a stick, dragging the leg after him. There was no paralysis of any other limb, and he had (as he had had all along) perfect control over his rectum and bladder. His hearing, sight, and other special senses were healthy. He complained of pain and tenderness in the scalp, but there was nothing abnormal to be felt there; and of some pain at the back of the head and neck on the right side, a little behind the mastoid process. He seems also at this time to have had a little difficulty in mastication, yet he could eat solid food, and swallowed with ease. He was unable to speak, but appeared perfectly sensible. There was no sign of heart, lung, or kidney disease. Three days after admission I saw the patient for the first time. I found

that he was quite intelligent, that he understood everything that was said to him, that he could read to himself and comprehend everything that he read, and that he could maintain a conversation of any length—he writing on a slate and his interlocutor speaking. He wrote indeed, with remarkable facility, a very excellent and legible hand, expressing himself with point and accuracy, except for an occasional error of spelling or construction, due evidently to defective education. But he could not speak; he could not utter a single articulate sound. I ascertained, however, that he could perform, with his lips, tongue, and jaws, all varieties of voluntary movements, and also that he was capable of vocal intonation. I think he could hum a tune, but I could not get him to make the attempt.

No change took place in his condition up to about the 25th of November, at which date, having spoken to him casually from time to time during my periodical visits (for he was not my own patient), I had come to the conclusion that his inability to speak was probably due to his having forgotten how to combine automatically the movements of these organs so as to obtain from them the elementary sounds which in combination constitute articulate speech, and I had determined to make the attempt to teach him.

I explained to him my view of his case, which he appeared to understand perfectly; and I gave him my first lesson, which lasted five or ten minutes. I showed him that ordinary vocal sounds are compounded of two factors—namely, laryngeal intonation (which he was already capable of producing), and articulation effected by the lips, tongue, and associated parts (of which he was as yet totally incapable). I got him then to sound a laryngeal note; and subsequently, by explaining to him and showing him how to modify the shape and size of his oral passage and aperture, and getting him at the same time to expire either with or without laryngeal intonation, made him sound, both in a whisper and in a loud voice, several of the more simple and obvious vowel-sounds—*a* in gate, *a* in art, *a* in all, *e* in feel, *oo* in root, *o* in hole, and *ur* vocal. I do not mean to say that he learnt at once to articulate these letters accurately; but he so far succeeded that those about him easily identified his attempts, and he himself fully recognised his success. At my next visit, three or four days afterwards, I found that he had by practice completely mastered the sounds which I had taught him, and I set to work to teach him the labials—*p*, *b*, *f*, *v*, and *m*. I may as well, perhaps, explain minutely in reference to these letters the method of instruction which I pursued. I closed my lips firmly and then opened them with a sudden smack, and got him to do the same. We both thus pronounced the essential sound of *p*. I asked him if he did not recognise it as such, and I made him repeat the sound until he recognised it fully. I then explained to him that in order to make the sound perfectly clear, it was necessary that a vowel-sound should be prefixed or added after it. And I got him to follow up the sound of *p*, as above pronounced, by a vocalised *e*. In his first efforts the two sounds were uttered at a considerable interval one after the other; but gradually he approximated them until he succeeded in making them very nearly continuous. There remained, however, even at the end of the lesson, a slight but quite appreciable fault. Next, closing my lips as before, I produced laryngeal intonation without allowing air to escape through my nose, and whilst producing this sound in my throat, opened my mouth. I made him perform the same acts, and recognise that he had thus, almost without knowing it, articulated the letter *b*. Again, still setting him the example, I got him to place his upper teeth upon his lower lip, and simply blow between them. He thus uttered the sound of *f*, and perceived clearly that he had done so. Then, by repeating the same actions, with the addition of a musical laryngeal note, he sounded and recognised that he had sounded the letter *v*. Finally, I got him to close his lips, and, without opening them again, to make a continuous laryngeal sound—in other words, to allow the air passing between his vocal cords to escape by the nose. The essential sound of *m* was the result. I need scarcely add that not only in the first, but in every other case, as soon as I had got him to see that he had really articulated the letter-sound I was teaching him, I endeavoured to make him associate its pronunciation with that of some prefixed or appended vowel, and in every case with considerable though not absolute success. At subsequent visits I taught him, by the same process, the lingual and guttural consonantal sounds; and thus, in the course of four or five lessons, each of about ten minutes' duration, given within less than a fortnight, he acquired the power of articulating all the simple vowel-sounds and all the simple consonantal sounds, including those of *th* in thing and *th* in this, *ng* in tongue, *sh*, and *z* in azure.

On Dec. 4th he wrote on his slate: "I don't feel very well this morning. I got a fall last Thursday night (accidentally); one of my crutches slipped, which gave me a severe shaking. My back is rather painful, and a great deal of pain in the head from the fall. Can pronounce all the vowels now, except *i* and *u*. Can't pronounce *g*, *h*, *j*, *q*, *w*, and *y*." The truth, however, was, as stated above, that he could pronounce all the elementary articulate sounds, but he could not yet combine sounds which he had not been taught to combine, and he could not therefore utter the names of the letters which he enumerated. It is scarcely necessary for me to remind you that *i* and *u* represent compound vowel sounds, and that the name of each one of the other letters is made up of at least three distinct literal sounds.

At the end of a fortnight from the beginning of my treatment I began to teach him to combine letters. Selecting certain consonants, I made him pronounce them in conjunction with the various vowel-sounds. I found little difficulty now in making him do this; and I recommended him to practise new combinations for himself, for which purpose I suggested that a child's spelling-book might be useful to him, and he got one. I think it was at my next visit, three or four days afterwards, that he greeted me for the first time with a somewhat slowly and carefully uttered "Good morning, sir." His progress was now marvellous in its rapidity. Within ten days he was able to talk well, except perhaps that he spoke somewhat slowly, and evidently had to give more thought to the pronunciation of his words than healthy people need to do. He improved subsequently in readiness of speech, but even when he left the hospital spoke with apparent effort and slowly. This manner may, however, have been natural to him, for when his speech was restored he spoke with his original American accent.

The lessons which I gave him were, as I have shown, few and short. But he himself, as soon as he had realised the fact that he had organs capable of evolving articulate sounds, supplemented my instruction by the most zealous practice. Thus the vowel and consonantal sounds which he uttered somewhat imperfectly during a lesson, were learnt accurately by my next visit; and as soon as he had begun to combine sounds he practised them in various combinations with great industry, the sister of the ward, the nurses, and more especially three or four intelligent patients who were friendly with him, and interested in his progress, giving him constant assistance. Before he could articulate at all, and in the earlier period of his recovery, he often wrote, "There is a sort of difficulty I cannot explain which prevents me from speaking"; and always during his earlier attempts he complained of a pain at the back of the right side of the neck and head attending them—pain apparently of the same kind and in the same place as that which had formerly attended the act of mastication. This disappeared, however, before long. Whilst his recovery of speech was in progress he gradually regained also the use of his left arm. There was no improvement in the condition of the leg, however, up to the end of December. About that time treatment by faradism was commenced, and was continued with rapid success. He could walk without a stick in about a week, and left the hospital apparently well on June 18th, 1869.

Where the lesion was situated which caused the interesting combination of phenomena presented by this case is, of course, only a matter of inference. But all the early incidents of the case, and many of the later ones, point distinctly to implication of the region lying between the floor of the fourth ventricle and the surface of the pons Varolii. That the lesion was a small one, and effected very little permanent damage, is evident; but it must have occupied such a position as, for a time, to have obstructed completely the usual route along which the co-ordinated impulses for the movements of articulation find their way. The affection of speech here was a simple and uncomplicated one, and one that may readily be explained by an interruption of the fibres anywhere between the supreme centre for the movements of spoken language and the specific groups of nerve-nuclei whence the several nerves concerned in speech emerge. I have only once since had a case under my care where I have made the attempt to instruct the patient in articulation. The failure to articulate, however, which was incomplete, was associated with other aphasic phenomena, so that my success was only partial, and not permanent.

THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN AND SALICYLIC ACID.

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IN the history of medicine there is probably no instance in which a remedy has come into general use, and has had its beneficial action universally recognised, in the short time that has sufficed for the introduction and general recognition of salicin and salicylic acid as remedial agencies in rheumatism. It is just three years since the results of my investigations into the action of salicin in acute rheumatism were given to the profession (THE LANCET, March 4th and 11th, 1876), and since Stricker made known the good results got from salicylic acid; and now scarcely any other remedies are prescribed in that disease, and from all parts of the world we hear of salicin and salicylic acid being used, with the same splendid results which have been obtained in our own country.

Two questions are frequently put to me: First—Are salicin and salicylic acid antipyretic? and, if so, is their beneficial action in acute rheumatism due to their antipyretic effect? Secondly—Which is the better preparation, salicin or salicylic acid? The questions are important. I shall answer each in detail.

First, as to their antipyretic action. Fever is a collection of different phenomena whose coexistence constitutes the febrile state. Of these phenomena the most essential and most prominent is rise of temperature. Hence fever has been defined as *calor præter naturam;* and one whose temperature is above the normal is said to be feverish. A remedy which reduces or removes this abnormal rise is said to have an antipyretic action. Such a remedy may act in one of two ways. Either it may remove the condition—i.e., cure the disease—to which the rise of temperature is due; or it may reduce the temperature of the body without curing, or even curtailing the duration of, the malady. An instance of the former we have in the treatment of intermittent fever by large doses of quinine. An instance of the latter we have in the action of the same drug in some other forms of fever. A further and more striking example we have in the external application of cold to the febrile body. Though salicin and salicylic acid do sometimes have an antipyretic action, their effect in this way is not marked, and is not to be compared to that of quinine. I have given both salicin and salicylic acid frequently and freely (thirty grains every hour for six hours, and every two hours for three or four days) in typhus, typhoid, cerebro-spinal fever, scarlet fever, diphtheria, and pneumonia, and in no case was there ever produced any decided antipyretic effect. On several occasions I have seen the temperature pulled down (temporarily of course) two or three degrees by a couple of ten-grain doses of quinine, after frequently repeated thirty-grain doses of salicin and salicylate of soda had failed to have any influence on it. My answer to the first question, then, is—No; salicin and salicylic acid are not antipyretic to any useful extent. They are anti-rheumatic; and their beneficial action in acute rheumatism is due, not to their allaying the fever, but to their putting a stop to the whole process of the disease, and to all that constitutes it—the fever as well as the other symptoms. As a rule, relief of pain precedes fall of temperature.

Second, Which is the better remedy of the two? It was in November, 1874, that I began to use salicin. When, a little later, salicylic acid was introduced as an antiseptic, and before anything had been written of its antipyretic action, I tried it too as a remedy in rheumatism. It benefited the rheumatism, but caused, at the same time, so much irritation of the throat and stomach that I abandoned it in favour of salicin, and did not try it again till after the publication of Stricker's observations. For the last three years I have used the two remedies in about equal proportions. The result has been to convince me that salicin is the better remedy of the two. As this is not the generally accepted view, it may be well to indicate, first, the reasons why salicylic acid is more used than salicin; and, second, my reasons for regarding this preference as misplaced.

Salicin is prepared from the bark of different species of willow. The bark is removed in spring, when it contains the largest quantity of the bitter principle, so that the quantity in the market during the summer represents all that is to be had till the following spring. Previous to the publication of my paper, salicin was scarcely ever prescribed, and was kept by chemists chiefly as a curiosity. There was very little of it in the market. At that time I resided in Dundee. Before publishing my paper, I asked the leading chemists there to lay in a good stock of the drug, as I anticipated there would be a considerable run upon it. They did so, and I thus had the advantage of having at my disposal for further observation a good supply of the pure drug. The anticipated result took place. There immediately sprang up a great demand for it. The price when my paper was written was two shillings an ounce. It speedily rose to six, eight, and even twelve shillings; and ultimately ceased for a time to be quoted in the druggists' monthly lists. The demand far exceeded the supply, and no more bark could be had till the following year. And yet chemists continued to prescribe it. They could not have prescribed pure salicin, for it was not to be had. The combination of rise in price, great demand, and insufficient supply, led to the usual result of such a combination—adulteration. The substance used for this purpose was boracic acid, and much of what was sold as salicin was, I have been informed, a mixture of boracic acid and salicin, or even of boracic acid and quinine. For this English chemists were not to blame. Salicin was made at that time only in Germany, and was probably prescribed here by retail chemists just as it was imported. To this adulteration of the drug is probably due the unsatisfactory results which some physicians got from it at the time to which I refer. It is now manufactured largely in this country as well as in Germany, is back to the old price, and there is not the same temptation to adulterate it. Those who were formerly disappointed I would ask to try it again. The high price of salicin and the difficulty of getting it led to the free use of salicylic acid, which could be got cheaply and in any quantity by the new mode of preparing it from carbolic acid.

As anti-rheumatics the two agencies are on a par; acute rheumatism seeming to be as effectually and as speedily cured by the one as by the other. Equally good effects being got from both, it necessarily followed that the cheaper and more easily procured remedy got the preference over the dearer and scarcer one. Thus salicylic acid came into more general use than salicin. But there was yet another reason for this. Immediately after the publication of my original paper, Senator drew attention to it in an article in the *Centralblatt*, in which, as well as in a subsequent and more elaborate communication in the *Berlin Klin. Wochenschrift*, he expressed his preference for salicin, as being more efficacious than salicylic acid. He further gave it as his opinion that salicin is converted into salicylic acid in the blood; and that its greater efficacy is due to the fact that it thus exercises its remedial action while in the nascent state. This idea of Senator's, that salicin is converted into salicylic acid in the blood, and that salicylic acid is therefore the true remedial agency, has been accepted by the profession with a readiness which, considering the absence of evidence to support it, is to me surprising. It is a mere hypothesis, in support of which Senator has brought forward nothing worthy of the name of evidence. The fact that a blue colour is got when perchloride of iron is added to the urine indicates, not that salicylic acid has been taken or formed, but merely that one of the salicyl compounds exists in the urine: salicyluric acid, salicylic acid, salicylous acid, saligenine, would all give the same coloration. The fact remains, however, that Senator's idea was accepted; and that it was, and is, generally believed that salicin owes its anti-rheumatic virtues to its being converted into salicylic acid in the blood. His further idea, that the nascent salicylic acid thus formed is more potent than that taken by the mouth, does not seem to have been so readily grasped or understood. If, it has been argued, salicylic acid be the true remedial agency, why not give it at once and directly, instead of in a roundabout way? The result of this mode of reasoning has been a preference for, and the more general employment of, salicylic acid. It is curious to find that Senator himself prefers salicin, while those who pretend to follow him prefer salicylic acid; and that his reason for preferring the former is regarded by them as a reason for preferring the latter.

As already remarked, Senator's idea is a mere hypothesis. It is quite possible that salicin may be converted into salicylic acid in the blood; but it is not impossible that salicylic acid may be converted into salicin; and more likely

than either is it that both are converted into some other third substance. But there is no need for any such hypothesis. It is quite within the bounds of probability that two allied substances, such as salicin and salicylic acid, should exercise an equally beneficial action in a given malady; and our recognition of this remedial action does not impose upon us the necessity of denying the separate and independent action of either. The fact is that we know nothing certainly either of the changes which salicin and salicylic acid undergo in the system, or of the manner in which their anti-rheumatic effect is produced.

But I would do more than deny the existence of evidence in favour of Senator's view; I would assert the existence of positive evidence against it. For if that view were correct, if it were the case that salicin owed its therapeutic effects to its being converted into salicylic acid in the system, then ought both remedies to have the same action on the system. Now, though their action on the rheumatic poison is the same, their action on the system is not so, as is evidenced by the different results which are frequently got from their separate administration.

1. It is a fact that salicylic acid and salicylate of soda not unfrequently give rise to considerable and even alarming depression. Such an untoward effect is not produced by salicin. From a therapeutic point of view this is one of the most important points of difference between the two remedies. In a disease, such as acute rheumatism, in which the heart is apt to be involved, the absence of this tendency to cause depression points out salicin as a much safer remedy than salicylic acid. Its superiority in this respect is specially referred to by Senator, who, curiously, does not seem to see that the fact to which he directs attention is a strong argument against his view that salicin owes its therapeutic virtues to its being converted into salicylic acid in the system.

Of the depressing action of salicylic acid many instances are recorded. Several have come under my own notice. The following is of value as the unbiased evidence of an intelligent, well-informed medical man, founded on his own experience of the two drugs. My friend and then neighbour, Dr. Sinclair, of Dundee, now physician to the infirmary of that town, suffered from an attack of subacute rheumatism last December. Before I saw him he had been taking salicylate of soda in twenty-grain doses with relief to the pain; but it so depressed him, and made him feel so wretched, that he said he could not go on with it. I recommended salicin instead. He took it in even larger doses than the salicylate, with speedy relief to his rheumatism and without any untoward effect. On the contrary, he seemed, under its influence, to regain strength and appetite, and was soon quite well. The following is his own statement, given with his permission:—"Both drugs relieved the pain, tenderness, and swelling, when taken in full doses frequently repeated. But the salicylate, which I employed first, produced some very unpleasant effects. The taste I found to be disagreeably sweet and nauseous. After taking several twenty-grain doses, a copious perspiration was produced; the strength of the pulse was very distinctly diminished, while its frequency was increased; and a feeling of most uncomfortable depression, with singing in the ears, ensued. Indeed, I hardly knew whether the disease or the remedy was the preferable. Salicin, on the other hand, has a pleasantly bitter taste; it improved the tone of my pulse and digestion, and relieved the pains more rapidly. Neither drug gave any relief except when taken in twenty or thirty-grain doses every hour for from six to twelve consecutive hours. It may be said that, had I taken smaller or less frequently repeated doses of the salicylate, I might have escaped all the disagreeable effects except the taste—itself no small matter. But such doses produced no effect on my rheumatism. To my mind one of the great merits of salicin is the absolute safety with which large doses can be taken. In the course of one period of twenty-four hours I swallowed an ounce of it with nothing but benefit."

I have seen salicylate of soda produce very alarming depression, closely resembling that of the typhoid state. Not long ago I saw in consultation a case in which it was a question whether the fatal result was not due to the depressing action of the salicylate. By some this effect has been attributed to the presence of carbolic acid, consequent on faulty preparation. Such an explanation may have been applicable to some cases, but is not so to all. I have more than once seen marked depression produced by a solution of salicylate of soda in which no trace of such impurity could be found, and which was given to another patient in the same dose without causing any unpleasant effect. The worst effects that I have ever seen follow the administration of large doses of salicin are a sense of fulness in the head and singing in the ears; such symptoms as are commonly produced by large doses of quinine.

2. Further evidence against Senator's view of the mode of action of salicin we have in the fact that salicin cures cases of chronic rheumatism and of neuralgia in which salicylic acid fails to produce any effect on the ailment. Two instances I shall give by way of illustration.

Mrs. R——, aged thirty, the mother of four children, had rheumatic fever when she was sixteen, and again when twenty-two, shortly after the birth of her eldest child. Since then she has been subject to chronic pains, which are worse in damp weather, and affect chiefly the back and thighs. When seen in May, 1878, she complained chiefly of the thighs, the rheumatic affection seeming to have its seat in the fascia. She moved about the house with some pain and stiffness, and was unable to go out. The temperature was normal. There was some prolongation of the first sound at apex. I gave her twenty grains of salicin every two hours. The next day the pains were much less, and on the following day she felt quite well. She took twenty grains of salicin three times a day for ten days, and at the end of that time expressed herself as feeling better than she had done for years. In November of the same year I saw her again, suffering in the same way. This time I gave salicylate of soda in the same dose as I had formerly given salicin, twenty grains every two hours. On the following day she was no better, but complained of feeling weak and giddy. She begged me to give her the powders again. I gave her twenty grains of salicin every two hours, and on the following day found her much better, the pains nearly gone, and the giddiness entirely so. She was quite well in two days.

A lady consulted me regarding a periodic neuralgia affecting the left supra-orbital nerve. The pain came in the evening. She had taken many remedies. Quinine removed the neuralgia, but gave her such intense headache, and made her so ill for days, that she dreaded its effects quite as much as the neuralgic pain. I gave her thirty grains of salicin every two hours. On the evening of the day on which she began to take it the pain returned as usual, but she thought it less severe, and it lasted for a shorter time. She went on with the salicin, and the next evening there was no pain. She remained well, but continued the salicin every four hours for some days. Three months later the pain returned in the same nerve, and had the same periodic character. This time I gave salicylate of soda in the same dose, thirty grains every two hours. It made her head feel very heavy, and herself very uncomfortable, but did no good to the pain, though she continued it for two days. At the end of that time it was omitted, and salicin given in the same dose, and with the same result, as before. The pain vanished, and did not return.[1]

In the face of the evidence which has been given, it seems to me impossible for us to accept Senator's view that salicin is converted into salicylic acid in the system, and that it owes its therapeutic virtues to such conversion.

Salicin and salicylic acid are two distinct substances. Being so, they not unlikely have different actions on the system. It is possible that they may be eliminated from the system in the same form. There is some evidence to show that such is the case, and that both are eliminated as salicyluric acid. But it is to be specially noted that their therapeutic effects have been produced, and their full action on the system exercised, before they have reached the stage of elimination and before they have undergone the changes which immediately precede it. Observation and evidence show that their action on the system is different—that the action of salicin is tonic, while that of salicylic acid is depressing, sometimes alarmingly so. This difference, be it noted (and the point is an important one), is quite compatible with their exercising an identical action on the rheumatic poison, and evidence all tends to show that their action in this respect is the same. To get the full beneficial effects of either remedy it is necessary to give it in large and frequently repeated doses—twenty to thirty grains, at first every hour, and then every two, three, or four hours, as the symptoms decline. Salicylic acid and

[1] For further evidence on this point see a paper by the author, "On some of the Minor Therapeutic Uses of Salicin," in the *Practitioner*, Nov. 1877.

salicylate of soda cannot be given in such dose without some risk. Salicin may thus be given without fear.

The practical issue with which we have to deal is thus a very narrow one. Given two remedies which cure acute rheumatism with equal certainty and equal speed, but which, independently of their anti-rheumatic effect, exercise different actions on the system, which shall we prefer—that which has a tonic, or that which has a depressing action?—that which gives rise to no unpleasant effects, or that which may cause alarming, possibly fatal, depression? It may, indeed, be said that such large doses are not necessary. My answer is, that to get the full beneficial effects of either salicin or salicylic acid in acute rheumatism, such large doses *are* necessary. By smaller doses—ten or fifteen grains every hour or every two hours—an attack of acute rheumatism may be arrested in two or three days. But let the remedy be given in the larger dose, and the process of the disease may be arrested in half the time. In a malady which tends to involve the heart and entail on the patient the terrible results of an endocarditis, every hour is of consequence. Cut the malady short in one day, and you may ward off cardiac complications which may appear if it lasts for two or three. It takes about an ounce of salicin or of salicylic acid to cure a case of acute rheumatism. The sooner this quantity is got into, or rather is passed through, the system the better. My practice now is to give thirty grains every hour. By the time that an ounce has been thus taken—that is, in sixteen hours—the patient is generally free from pain, and the temperature at or near the normal. I then give thirty grains every two or three hours till another ounce is consumed. After that thirty grains are given three times a day for a week or ten days, to guard against the possibility of relapse. Not unfrequently the patient feels better after three or four powders have been taken, and is practically out of the attack before the ounce is consumed. In such cases the interval between the doses may be widened after six or eight have been taken. Such is the course of events in favourable cases, and almost invariably their course in young subjects who have not previously suffered, or have done so only once or twice. In older subjects, who have had frequent and long-continued attacks, the acute symptoms may be as speedily allayed, but convalescence is more tardy and more apt to be interrupted. Cases treated by salicin seem to convalesce and pick up more quickly than those treated by salicylic acid or salicylate of soda.

Other of the salicyl compounds besides salicin and salicylic acid are available, and may prove of service. To only one of these would I now direct attention. Growing abundantly during the summer in our meadows, and by the sides of streams and ditches, is found the common meadow-sweet, the Spiræa ulmaria. The flowers of this plant contain a peculiar oil called oleum spirææ. This oil is salicylous acid. It is a slightly coloured mobile liquid. Taken alone or dissolved in spirit, it has a hot, pungent taste. Like salicylic acid, it causes some irritation of the throat when swallowed. From the few observations which I have made, I am disposed to think that an infusion of the flowers of the meadow-sweet may prove a serviceable remedy in rheumatism. As the plant will soon be in flower, I throw out the suggestion now in the hope that those who have the opportunity to do so may test its efficacy.

Cadogan-place, Belgrave-square.

NOTES ON A

CASE OF STRICTURE OF THE URETHRA, FOLLOWED BY RUPTURE.

TREATMENT BY PERINEAL SECTION, AND SUBSEQUENTLY BY FORCIBLE DILATATION.

BY SURGEON-MAJOR R. N. MACPHERSON,
ARMY MEDICAL DEPARTMENT.

PRIVATE J. C——, aged forty, first contracted the disease in China in 1869, while serving there with his regiment, and since then he suffered more or less from it, having been several times in hospital undergoing treatment.

On March 2nd, 1879, he was admitted to hospital complaining of retention. On passing an instrument (No. 4 size) down the urethra, it was found that three different strictures existed—namely, one an inch from the orifice, one half an inch further down, and one about an inch beyond that, through which it was impossible to pass No. 2 catheter.

On March 4th No. 5 was passed through the two anterior strictures, but nothing could be passed through the third one.

On the morning of March 5th, while straining a little at micturition, he felt something suddenly give way, and this was followed immediately by rapid infiltration of urine into the cellular tissue of the penis, which soon became of enormous size, distended, and of dark colour, with highly urinous odour. There was no infiltration into the tissues of scrotum or perineum. The patient was seen an hour after the rupture took place, and free incisions were at once made into the tissues of the penis, by which means a large quantity of urine was allowed to escape and drain away, and the more urgent symptoms for the time were relieved. At 1 P.M., after consultation with Dr. Orr, civil surgeon, it was decided to cut down in the middle line of the perineum, so as to permit the urine to escape from the tissues and endeavour to pass a catheter into the bladder. Previous to operating, the patient was placed in the lithotomy position, and chloroform administered, but as it was found impossible to get the patient under the influence of the drug, the attempt was abandoned, and the operation proceeded with as follows:—An incision was made in the middle line of the perineum, commencing half an inch in front of the anus, and carried upwards towards the scrotum, this incision being about an inch in depth. It was now tried to pass a catheter down the urethra to the seat of the incision, but this being found impossible, a No. 8 catheter was introduced into the bladder through the incision in the perineum, and tied in with tapes. The incision was accompanied by a considerable amount of hæmorrhage, and by free flow of urine, by which the swelling of the penis was much reduced. Patient was now placed in bed, and an opiate administered.

March 6th.—Feels easy this morning, and passed a good night; penis much swollen still; urine comes freely through the catheter, and is rather bloody. There being a very offensive and urinous smell, ordered charcoal poultice to penis, and carbolic lotion to be sprinkled over the bedding, &c.

8th.—Catheter removed and fresh one introduced into the bladder by perineum; penis much swollen and sloughing; patient's strength keeping up well. Ordered two grains of quinine twice daily, and to have wine, brandy, beef-tea, eggs, &c., every day.

11th.—Penis still much swollen and sloughing; glans penis denuded of skin by large circular eroding slough, which suppurates freely; wound in perineum looks healthy, and is kept clean by means of carbolic lotion and poultices at times.

12th.—Going on favourably; sloughs look healthy; urine comes away freely by the catheter in perineum. Continue.

15th.—Slough and wound in perineum look healthy. Continue.

21st.—No. 2 gum elastic catheter was passed down the urethra as far as the incision in perineum, and retained two hours.

24th.—No. 4 was to-day passed down in the same manner, and retained two hours.

26th.—Passed No. 4 again; swelling of penis much diminished, and looking healthy.

28th.—This morning Holt's dilator, largest size, was introduced as far as the incision in perineum, and all the strictures ruptured. This operation was followed by slight pain and shock.

29th.—This morning No. 8 catheter was withdrawn from the bladder by perineum, and introduced through the urethra into the bladder, and tied in with tape.

30th.—This morning the patient feels quite easy, and the catheter left in bladder gives rise to no sensation of discomfort. Wound in perineum looks healthy, as well as penis. Slough diminishing in size, and healing.

April 1st.—On withdrawing the catheter he can pass his urine, but has a little pain and scalding, and some of it escapes by an opening at the side of the penis, and a little by the perineum. No. 8 catheter is passed occasionally.

10th.—Catheter not required now. Can pass his urine in a large stream, and has no pain or scalding. A little still comes away by the perineum. Penis of almost natural size. Slough almost healed.

On the 15th he was up and walking about, and felt better

than he had done for the last ten years. Urine came away in large stream, and gave him no trouble. On the 18th he was convalescent.

Fleetwood, Lancashire.

NOTES ON THE TREATMENT OF SKIN DISEASES.

BY J. B. BRADBURY, M.D.,
PHYSICIAN TO ADDENBROOKE'S HOSPITAL, CAMBRIDGE, ETC.

II.—THE TREATMENT OF ECZEMA.

THERE are few diseases which reward the physician more for his attentive study and careful treatment than eczema. The disease assumes so many forms, each of which requires some modification of treatment, that persons whose opportunities of seeing the disease are somewhat limited often fail to cure it. Hence patients seek the advice of a specialist. Cases of acute eczema speedily recover if the patients are placed upon an unstimulating diet, and have soothing applications to the skin. In acute general eczema the alkaline and bran baths are very valuable, and local applications of olive-oil and lime-water (the *Linimentum calcis* of the Pharmacopœia), or lead lotion. When the disease has somewhat subsided, the internal administration of arsenic and the local application of zinc ointment hasten the cure. In the case of a gentleman I saw in consultation, who was gouty and had albuminuria, colchicum with magnesia quickly removed the malady. These remedies are also very valuable in chronic eczema occurring in persons of a gouty habit. Indeed, in eczema, as in all diseases, the importance of looking for some diathesis cannot be over-estimated. A disease often resists cure till such constitutional vice has been discovered and corrected. A short time ago I cured a gentleman of gouty eczema with liquor potassæ in thirty-minim doses, given with compound infusion of gentian three times a day.

In chronic eczema of the hands arsenic almost invariably does good, and, as a local application, the diluted nitrate-of-mercury ointment. For eczema of the axillæ, which is frequently accompanied by boils, the internal administration of the perchloride of mercury, and the local application of mercurial ointment, are almost a specific. I have cured two cases of this kind which had resisted all other treatment. The combination of iron with sulphate of magnesia is most valuable in the treatment of eczema in anæmic young women with constipated bowels. The dose of sulphate of iron should be larger than that usually given. I give three- or four-grain doses. In anæmic young men the tincture of perchloride of iron, in at least half-drachm doses, answers better than the sulphate. I quickly cured a medical student of chronic eczema of the legs by this treatment, when other remedies prescribed by a specialist had failed. In chronic eczema of the face an ointment of equal parts of white precipitate ointment and either zinc or compound subacetate-of-lead ointment is very useful. Sometimes, especially where the hairy parts are affected, the dilute nitrate-of-mercury ointment succeeds better. In eczema of the lips a private patient has derived great benefit from an ointment composed of almond oil, yellow bees'-wax, new honey, and oxide of zinc—a formula which I obtained from a paper by Dr. Durkee in the *Journal of Cutaneous Medicine*. I have cured two cases of eczema of the nostrils by the application of dilute nitrate-of-mercury ointment. This ointment is best diluted with vaseline. Preparations of tar are of great use in some cases of chronic local eczema, but English skins are not so tolerant of these remedies as German skins.

Patients subject to chronic eczema should, as a rule, avoid salt meats, soups, sweets, acids, fruits, pastry, and raw vegetables.

Eczema in young children is frequently a very troublesome malady, probably owing to the disturbing influence of dentition. In children a few months old, where the disease is syphilitic, I give grey powder night and morning, and apply a mercurial ointment. When the disease has somewhat subsided, I give the syrup of the iodide of iron. The perchloride of mercury has disappointed me in these cases. In non-syphilitic eczema, after correcting any error in diet and attending to the state of the secretions, I prescribe the ferro-arsenical mixture of Mr. Erasmus Wilson and apply the zinc ointment, and generally with the happiest results. I have recently cured three cases of eczema of long standing, which had resisted all previous treatment, by this method. It is very important in this, as in all forms of eczema, that the treatment should extend over a considerable time, in some cases six months. In eczema of the scalp, and generally in impetiginous eczema, after the removal of the scabs by poultices and oil, the local application of the *unguentum hydrargyri cum plumbo* of the Skin Hospital is invaluable. Eczematous children are almost invariably benefited by cod-liver oil.

CASE OF IMMEDIATE CURE OF SUICIDAL MANIA BY THE INDUCTION OF PREMATURE LABOUR; WITH REMARKS.

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ON January 29th, 1879, I was asked by Dr. Heckscher, of Manchester, to see with him, in consultation, a case of very considerable interest, the particulars of which I give with his kind permission.

Mrs. W——, aged thirty-two, was in the twelfth or thirteenth week of pregnancy. She had formerly had four children and two miscarriages, and had on each occasion suffered much from the usual sympathetic affections of pregnancy. During the two preceding ones she had been much troubled with morbid sensations and ideas, but had resolutely held them in control, and had acquiesced in all measures calculated to remove morbid associations of ideas or to maintain the balance of the physical functions. From the commencement of pregnancy this time she became possessed with the idea that death would be a necessary consequence of it—not, of course a very uncommon presentiment. Constantly recurring sickness, dyspepsia, and anorexia rapidly deepened the impression, and within a very short time a determination to accomplish her own predictions took possession of her, necessitating constant vigilance on the part of her friends. She was not so much emaciated as might have been expected; originally a very strong woman, she might still be considered in fair condition; and the induction of early abortion on the usual grounds was out of the question. Her manner, the expression of her eye, and her taciturn suspicious mode of answering questions, were such as one rarely sees outside of an asylum. I agreed with Dr. Heckscher that if improvement did not speedily take place, from the injection of chloral per rectum and other measures which we tried, the induction of labour would be fully justified, although I was unaware of many, if any, precedents to guide us.

On Feb. 27th we accordingly introduced a flexible bougie into the uterus at 9.30 A.M., and left it there. Dr. Heckscher saw her in the evening, and found that all sickness had ceased. There was a little sanguineous discharge. She expressed herself now as perfectly well and happy, and even desirous that pregnancy might go on to the full term. He withdrew the bougie. Next day all the symptoms, mental and bodily, had returned in full force; and, as no actual labour pains had set in, the bougie was once more introduced. Labour supervened during the night, and a fœtus, of apparently about sixteen weeks, was expelled, with its secundines quite entire. From this moment every morbid psychological symptom disappeared, together with vomiting, dyspepsia, &c. The patient become immediately sane, recovered without a symptom, and is now in the enjoyment of perfect health.

Remarks.—Several interesting questions are suggested by this case, and, without professing to have made any very careful search into the literature of the subject, there are, I am sure, very few recorded cases affording a satisfactory answer to them.[1]

Was the induction of labour before the viable period

[1] In No. 3 of vol. i. of "Brain" Dr. Savage relates a case of insanity cured by uterine replacement, and in the Brit. Med. Journal of April 12th, 1879, Dr. Bird publishes a case similar to the present one, except that labour was not induced till after the viable age.

justified under the circumstances? I, of course, think it was, and I can hardly see what objections could be maintained. It is necessary, however, to protest at the same time against its induction in cases where there is merely a strong impression of impending death or great suffering, and a longing on the part of the patient to have relief in this way. I have had occasion to do so very strongly in consultation quite recently.

What relation did the pregnancy bear towards the maniacal condition such as to warrant a belief, justified by the result, that the termination of the one would remove the other? Speaking as a gynæcologist rather than as an alienist, I look upon the case as precisely analogous to those temporary conditions in which an undigested meal, or flatulent distension, produces nightmare, dreams, somnambulism, or despondent waking thoughts. A simple eructation, or, in graver cases, the act of vomiting or purgation, will often cure these symptoms instantaneously. So in this case the interruption of fœtal development seemed for the moment to arrest the morbid train of ideas, and the emptying of the uterus put a stop to it at once and permanently. When the psychologists shall have given us an explanation of these emotions and ideas suggested by the disturbance of organs remote from the brain in function and position, which is more than a restatement of the fact in more scientific or more involved terms, we shall be on the verge of new departures in practical medicine.

Lastly, is the vomiting of pregnancy a neural or a digestive sympathy? Or, supposing that the nervous connexions are necessarily involved, does reflexion take place mainly through the nervous centres or through the ganglionic connexions with the stomach? Setting aside cases due to simple mechanical pressure, which are far from numerous, I believe that the hypothesis which points mainly to the cerebro-spinal centres is the more correct. The analogy of sea-sickness appears to be confirmatory, as also the results of the present case, and the action of chloral hydrate and other remedies which apparently can only act upon the stomach through the brain.

I must not dwell on this topic, but would wish once more to disclaim the idea of suggesting that because strong analogies exist between flatulent or dyspeptic mental suggestions and the morbid sympathies of pregnancy, and because in the one case evacuation is our immediate resource, it should ever be thought of in the other without the deepest consideration. The social results of the latter practice would be disastrous to society, just as a more frequent recourse to the former would probably be productive of greater social, political, or polemical benefits than are usually recognised.

THE PHYSIOLOGY OF THE LARYNX.

BY C. R. ILLINGWORTH, M.B.

IN the firm belief that there is no longitudinal stretching of the vocal cords by muscular action during vocalisation, I wish to submit some views of the voice and of the action of the laryngeal muscles which were embodied by me in two papers to the *Edinburgh Medical Journal* for Dec. 1876 and Nov. 1877, and which, so far as I am aware, had never been advanced before. In doing this, it will not, I think, be necessary for me to enter into a detailed account of the anatomy of the parts, as any work on anatomy can be referred to.

And firstly as to the muscles which are said to be concerned in the longitudinal tension of the cords. These are the crico-thyroids. The usually-accepted view of their action is that, taking as a fixed point the anterior part of the cricoid cartilage, they draw downwards and forwards the anterior part of the thyroid cartilage, by rotating it about an axis passing transversely through the crico-thyroid joints, and thus stretch the vocal cords by increasing the distance between their anterior and posterior attachments. But Schech points out that the anterior part of the cricoid is not fixed to enable them so to act; and also that, even if it were, in order to have this action they must first overcome the thyro-hyoid muscles, which are acting at the same time, as is shown by the simultaneous diminution in the size of the thyro-hyoid and crico-thyroid intervals as the voice rises in the scale, the thyroid cartilage being raised towards the hyoid bone.

The only other way in which the crico-thyroid muscles can act is by taking their fixed point at the thyroid cartilage, and drawing up the anterior part of the cricoid towards the thyroid, with the effect of tilting downwards and backwards the posterior part of the cricoid. According to this view, believers in a longitudinal tension of the cords must transfer the point at which traction for the stretching is supposed to be applied, from the anterior to the posterior extremity of the cords, through the arytenoid cartilages. Schech explains the action in the following way:—"When the thyroid cartilage is fixed by the thyro-hyoid muscles, the crico-thyroids draw the anterior part of the cricoid cartilage up towards the thyroid, and thus effect a rotation backwards and downwards of the posterior part of the cricoid. Now, since the thyroid cartilage is fixed anteriorly by the thyro-hyoid muscles, whilst the arytenoid cartilages are fixed posteriorly to the cricoid cartilage, during vocalisation, by the arytenoid and lateral crico-arytenoid muscles, the backward inclination of the body of the cricoid, caused by the contraction of the crico-thyroids, affects also the arytenoid cartilages resting upon it; the distance between the anterior and posterior attachments of the vocal cords is thereby increased, and thus the longitudinal tension of these bands is brought about."[1]

Now, in every act of phonation there is approximation of the vocal cords to one another, and, at the same time, an elevation of the anterior part of the cricoid cartilage, which is the more appreciable the higher the voice is raised. These simultaneous movements imply simultaneous action of the crico-thyroid, lateral crico-arytenoid, thyro-arytenoid, and arytenoideus muscles, the three last-mentioned forming (with the fellows of the paired ones) the sphincter of Henle, and acting as approximators of the vocal cords. If the crico-thyroid muscles stretch the vocal cords longitudinally through their arytenoid attachments, they must necessarily, also, at the same time, stretch the thyro-arytenoid muscles, for the vocal cords are intimately united to these muscles, and have the same attachments—viz., the thyroid angle and the arytenoid cartilages. But the thyro-arytenoid muscles are contracting at the same time. To admit, therefore, a longitudinal tension of the vocal cords by the action of the crico-thyroid muscles is to admit an anomaly in the phenomena of muscular action, in the shape of the stretching of a muscle during its contraction.

And now for a short statement of my own views. Bounded below by the true vocal cords and above by the false, and extending laterally up into the laryngeal sacculi, is a cavity which I call the "laryngeal cavity." This cavity I believe to be used with the false vocal cords for the production of the *falsetto* voice, in the same way as the mouth and lips are used in whistling. Whistling I understand to be due to the generation of pulses in the air by the forcible direction of a blast against the opening between the approximated lips, the size of the cavity of the mouth being regulated by the buccinator muscles and tongue, and that of the oral aperture proportionately widened or narrowed by the sphincter oris according as the cavity of the mouth is larger or smaller, and the note therefore to be emitted lower or higher in pitch. And similarly in the larynx, the size of the "laryngeal cavity" being nicely regulated by the sphincter glottidis which envelops it, and the aperture between the false vocal cords widened or narrowed by the action of the higher fibres of the sphincter. By the passage of the blast of air between the approximated *true* vocal cords, a vibration of their fine free edges is produced (comparable, I think, to the trembling of leaves in a breeze), which is regarded by many as the means whereby the falsetto voice is produced. The true or *chest* voice I believe to be produced by bringing into action the true vocal cords, to roughen by their vibration, the pure or falsetto voice produced by the "laryngeal cavity." As in the falsetto, so in the chest voice, I regard the laryngeal cavity as the sole regulator of pitch.

The laryngeal muscles I look upon as being five in number—viz., the sphincter glottidis, a pair of crico-thyroids, and a pair of posterior crico-arytenoids. The sphincter and crico-thyroids are alone concerned in vocalisation, the posterior crico-arytenoids in respiration. By the sphincter glottidis I mean the mass of muscle which extends from the margin of the aryteno-epiglottidean folds to the upper border of the cricoid cartilage, and embraces the arytenoid

[1] Zeitschrift für Biologie, Band ix. (1873), p. 258.

cartilages posteriorly, including thus the aryteno-epiglottidean, thyro-arytenoid, lateral crico-arytenoid, and arytenoideus muscles, between all of which their exists a more of less distinct continuity of muscular fibre. When the sphincter is put into action for phonation it will tend not only to approximate the arytenoid cartilages (and necessarily, therefore, also the vocal cords), but also to draw them bodily forwards towards its fixed anterior attachment. It is here I think the crico-thyroid muscles come into play. Acting simultaneously with the sphincter, they will hold back the posterior part of the cricoid cartilage, thus acting upon the arytenoid cartilages through the crico-arytenoid ligaments, to prevent their being drawn forwards by the antero-posterior traction of the sphincter.

But it may be said that if this view be the correct one there is still direct antagonism in the actions of the sphincter and crico-thyroid muscles. This, however, it will be seen, is not the case, when it is remembered, firstly, that the arytenoid cartilages are fixed only at their bases by the crico-arytenoid ligaments, above that point and up to their apices being pliable and elastic; and, secondly, that they are moved in the arcs of circles of which the crico-arytenoid ligaments are the radii, by the actions of the sphincter (in phonation) and posterior crico-arytenoids (in respiration), whilst the crico-thyroids act as the centre-pin fixers, by firmly holding the cricoid attachments of the crico-arytenoid ligaments.

Highbury, N.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES OF OVARIOTOMY IN WHICH ICE WAS LOCALLY APPLIED TO THE ABDOMEN AFTER THE OPERATION, FOLLOWED BY RECOVERY.

(Under the care of Mr. BRYANT.)

THE following record is continued from page 843.

Ovarian cyst; ovariotomy; local application of ice; recovery.—Mary D——, aged thirty, single, was admitted to Mary ward on July 21st, 1877. Five or six years before she began to notice a feeling of soreness, at times amounting to actual pain, in the right side of the abdomen, close to the costal margin. About the same time a swelling appeared, not a distinct tumour, but more of a thickening in the abdominal walls, which she could cover with the palm of her hand. The swelling increased, growing downwards and to the left side; this increase had been much more rapid during the last three or four months. The swelling was hard, and at times the seat of much pain, which was always aggravated at the menstrual periods. Sickness was almost constant; micturition normal; she stated she had lost flesh; bowels constipated.

On admission, the abdomen appeared irregularly distended, there being three marked prominences—one in the axillary line, a second and third on each side of the umbilicus. On palpation, the mass was found to occupy the greater part of the front of the abdomen, and to entirely fill up the right side from the costal margin to Poupart's ligament, as well as extending semicircularly to the left for three inches. The mass was fairly movable all over, and the hand could be dipped below its margins, so as almost to lift it bodily. It had an elastic feel. The percussion-note was everywhere dull; only in one spot, to the right of the umbilicus, was there any sensation of thrill; there was no distension of abdominal veins. The circumference of the abdomen at the umbilicus was thirty-three inches. The vagina was normal; the cervix uteri was drawn up, and the os was directed backwards. No distinct impulse could be felt through the tumour. Posteriorly, a globular movable swelling could be felt; probably the fundus of the uterus. The sound, directed backwards, passed for the normal length. Menstruation commenced when the patient was fourteen years old, has been regular ever since, except that of late it has tended to be more frequent, occurring every three weeks. Chest, lungs, and heart normal.

As the woman declined operation, she left the hospital on August 28th, 1877, the prominent symptoms while she was in the hospital having been sickness and constipation.

At the end of June, 1878, she was readmitted to Mary ward. Having consented to an operation, she was removed on July 30th into the private room. Her general condition had not altered much, though the abdomen was larger.

On July 31st, at 2 P.M., Mr. Bryant operated. The usual incision was made, and a semi-solid cyst, containing only two pints and a half of fluid, was removed. A clamp was applied to the pedicle, which was fairly long, and the edges of the wound were brought together with silk sutures. A pad of thymol gauze was placed over this. The only trouble experienced during the operation was with the intestines, which were with difficulty kept within the abdomen, and, in spite of greatest care, were a good deal exposed. An ice-bag was applied to the abdomen, and a morphia suppository was introduced. At 8 P.M. she had had two or three short snatches of sleep. Another suppository was given, as she complained a good deal of pain in the abdomen and the back, and was rather restless. At 12 P.M. two ounces of urine were drawn off; though patient had slept, she was still restless, and complained of pain. Suppository repeated. Temperature 101·2°; pulse 84; respiration 24.

At 8 A.M. (Aug. 1st) the temperature was 99·2°; pulse 82; respiration 18.—10 P.M.: Temperature 99·4°; pulse 83; respiration 18. During the day urine was drawn off four times, and two suppositories were given. She vomited most of the milk and barley-water that was given to her. The ice-bag was continued.

She had several hours' sleep during the succeeding night. Sickness ceased for some time, but came on again in the morning. At 10 A.M. (Aug. 2nd) she could keep nothing down. She passed wind by the bowel. To have iced lemonade.—10 P.M.: Temperature 99·4°; pulse 100; respiration 16. She was very comfortable. Had a hypodermic of one-third of a grain of morphia, and three hours later a suppository. She also had two nutrient enemata during the night, both of which were retained. Wind was passed freely by the bowel.

On Aug. 3rd, at 10 A.M., she complained of pain and tenderness in the left iliac fossa. Temperature 99·2°; pulse 90; respiration 20.—10 P.M.: Patient asleep; temperature not taken. She took chicken-broth at 11 P.M.

4th.—10 A.M.: Temperature 99·8°; pulse 108. She had passed a very good night. Had not vomited since the previous midday. Complained of slight pain about abdomen, was very thirsty, tongue dry.—6.15 P.M.: Temperature 100·6°; pulse 102.

5th.—10 A.M.: Temperature 98·8°; pulse 96. Took about a pint of chicken-broth during the night. No sickness. Still pain about abdomen. Tongue red, dry, cracked at edges, covered with white fur.—11.30 P.M.: Temperature 99°; pulse 96. Bowels not open since operation. No sickness. Menstruation came on after an interval of a fortnight.

6th.—10 A.M.: Temperature 99°; pulse 88. Partook freely of chicken-broth. Still slight pain on left side of umbilicus.

On the 7th the temperature fell to 97·5° and remained slightly below the normal for a week; it then reached the healthy standard and remained there. The bowels acted after a simple enema on the 9th. On the 12th, when the wound was dressed, it smelled offensively, and a localised abscess was found pointing just above the clamp. A suture, which had escaped notice, was removed. For a day or two after a little pus came away each time the wound was dressed. The clamp came away on the 16th. From this time the patient made an uninterrupted recovery, and left the hospital during the last week of September.

The above notes are taken from the report of Mr. C. Wood.

CHARING-CROSS HOSPITAL.

HÆMATOCELE OF NECK.

(Under the care of Mr. BARWELL.)

FOR the notes of this case we are indebted to Albert Leahy, M.R.C.S., surgical registrar to the hospital.

J. C——, aged forty-five, a compositor, was admitted into the Robertson ward on July 9th, 1878, with the following

history. He had always been a fairly healthy man, and had been married for twenty-four years. Was the father of six children, five of whom were alive. About fifteen years ago he first noticed a swelling on the right side below the angle of the jaw; this was about the size of a pullet's egg, freely movable beneath the skin. About the middle of April, 1878, he had an attack of typhoid fever, which left him in a weak state. During convalescence the tumour increased very rapidly in size and became extremely tender to the touch and the seat of "burning pain." The only explanation he could offer of the origin of the tumour was that it arose from a blow he received whilst boxing.

On admission a large irregular swelling occupied the right side of the neck, about the size of the full-term fœtal head. It extended from the lobule of the right ear downwards to the sternal end of the clavicle, and lay in the course of, and underneath, the sterno-mastoid muscle, which was freely movable over it, but atrophied and expanded by pressure; it went as far back as the middle line of the posterior triangle, and along its inner border communicated pulsation could be readily distinguished. It was smooth, tense, and very hard. It was the seat of constant pain, and was very tender to touch.

On the 16th of July, by careful palpation, Mr. Barwell detected a spot near the middle of the posterior border in which he believed an indistinct fluctuation could be felt; he therefore introduced an exploring trocar and cannula with some difficulty, owing to the density of the tissues. When this had passed to the depth of an inch and the trocar withdrawn, three ounces of a dark-brownish sanguinolent fluid, having the odour of sulphuretted hydrogen, was discharged.

On July 19th, at noon, the patient had a well-marked rigor; temperature 104°. There was no inflammatory signs in or about the tumour to account for this.

On July 25th an oblique incision was made along the posterior border of sterno-mastoid muscle, and a dissection carefully made down to the tumour so as to avoid some rather large veins. The cyst was then opened by a small incision, into which the forefinger could just be introduced, and there flowed out by the side of the finger some dark grumous blood, having less fetor than that which escaped by trocar. Some clots were next broken down, and some dark decomposed blood was allowed to pass by the side of the finger. As no arterial hæmorrhage followed, a long narrow-bladed bistoury was passed along the finger, and the opening enlarged to the extent of about an inch. Thirteen ounces of dark blood, fluid and clotted, came away, which, with the three ounces previously withdrawn, made up the whole quantity to sixteen ounces, but a quantity of coagulated blood was left, being strongly adherent to the walls of cavity, and very dense. The operation was conducted with all antiseptic precautions. The tumour was cystic in origin, its walls very thick and dense, and the interior rough and fasciculated. Its contents were nothing but disintegrated blood. The microscope showed a great quantity of granular matter, a number of round bodies about the size of blood-discs, and with the outlines of cells, as well as a considerable amount of finely fibrillated material.

Remarks by Mr. BARWELL.—Hæmatocele of the neck is not a common affection, and rarely attains the size of the blood tumour in this case. One of the man's amusements—namely, sparring—might probably account for the disease, for when a young man he had himself observed that when a professional boxer allowed himself to be hit about the head he always turned his head and chest so as to receive the blow upon the side of the neck—in fact, upon the sterno-mastoid muscle, rendered tense. A sharp blow, or a succession of blows, received on this place might easily, by the rupture of a vein, have given rise to the tumour. But the chief interest lay, not in its causation, nor in its rarity, but in the great difficulty of diagnosis. The tumour lay in the course of great bloodvessels; it pulsated, and, as the sequel showed, contained blood, and yet was not an aneurism. The diagnosis before the use of exploration was most difficult, as the swelling might, but for certain small differences, have been a partially consolidated aneurism of the carotid, into which the introduction even of a very fine trocar would have been most dangerous. These differences were: the character of the pulsation; its almost entire limitation to the line of the carotid artery; the fact that the temporal and other arteries beat nearly as strongly as on the opposite side; the great tenseness and hardness of the tumour, and the power of shifting it, though very slightly, outwards, without moving simultaneously the vessels of the neck. Yet these differential signs, plainly diagnostic when thus catalogued, could, owing to the size of the tumour and the great condensation of the surrounding tissues, be made out only by most careful examination. Neither did the character of the blood evacuated by puncture entirely clear away the possibility of the tumour being aneurismal; hence the opening was made in a manner which might, if necessary, allow it to be converted into the old operation for aneurism.

ST. MARY'S HOSPITAL, MANCHESTER.

MALIGNANT DISEASE OF THE RECTUM AND ANUS, REMOVED BY EXCISION.

(Under the care of Mr. EWART.)

FOR the following notes we are indebted to William Walter, M.A., M.D., obstetric and house-surgeon.

M. S——, a tall, spare, married woman, seventy years of age, and the mother of six children, was admitted on the 29th July, 1878, complaining of "the piles" and a "bearing-down of the womb." She was pale rather than cachectic, and, considering her age, might fairly be said to be of active habits. She was still able to superintend the general management of her household duties, and gave a history of a life-long enjoyment of excellent health. There was no hereditary tendency to malignant or any disease.

It appeared that her last confinement, twenty-seven years ago, was followed by "bearing-down of the womb," for the relief of which a pessary was worn. This, however, was discarded at the end of a few days, and for fourteen years she remained without treatment of any kind; finding then that the "bearing-down" was increasing, she allowed a woman to introduce a flat wooden pessary into the vagina. Her inconvenience being greatly lessened by wearing this instrument, she permitted it to remain *in situ* for over twelve years. Nine months before her admission into hospital she had it removed on account of a "sharp" and "prickling" pain in the region of "the womb," which she thought might perhaps be caused by the presence of the pessary in the vagina. Its extraction caused her much suffering, and was accompanied by a free hæmorrhage from the rectum. From that time the pain steadily increased, being always worse during defecation, and for three months before admission being entirely referred to the "seat." No alteration in the size or shape of the fæces had taken place, but a few drops of blood were frequently seen on the surface of a motion. Pus or mucus had never been noticed by the patient. There was constipation from the first.

On making an examination it was found that no piles existed, but the finger could trace within the rectum a hard, flat, and indurated mass with elevated edges, rough surface, and bleeding slightly when touched. It reached upwards for a distance of one inch and a half from the anus, but the posterior wall of the rectum was not engaged in the disease. The calibre of the bowel was but little altered. The surrounding tissues were healthy, with the exception of a small warty growth in front of the anal orifice, which was continuous with the disease within the sphincter. The uterus was in its normal position and free from disease.

What treatment should be adopted in this case was a question which received the most serious consideration. The patient's advanced age might by many be raised as an objection to operative interference, but her general health being at the time so good, and the chance of the disease proving to be of an epithelial nature, together with the fact of its localisation to the extremity of the bowel, were sufficient reasons for inducing Mr. Ewart to look upon the removal of the whole growth as affording the best chance of prolonging life.

The operation was performed on the 30th July, the patient being under the influence of bichloride of methylene and ether (equal parts of each). A circular incision, including within its circumference the warty growth above alluded to, was made around the margin of the anus, and as it was decided not to save the sphincter, the rectum was carefully dissected out from the surrounding tissues (during the dissection a small button-hole was unavoidably made in the posterior wall of the vagina at a spot where the mass had become adherent), and, being then drawn downwards, was severed by means of scissors half an inch above the

diseased part. The bowel was then stitched to the margin of the skin with fourteen silver sutures. Very smart hæmorrhage occurred during the operation from several small vessels, all of which were secured by torsion. A half-grain morphia suppository was then given, and the wound dressed with lint soaked in carbolised oil. The patient did not recover from the shock of the operation for several hours, the free use of brandy, combined with laudanum, eventually restoring her. The after-progress of the case may be stated briefly thus:—

The wound speedily contracted to a great extent, and on the eighth day the sutures were removed. Some difficulty was experienced in keeping the parts clean, complete control over the bowel being lost. The highest temperature, 100·2°, was on the evening of the third day. At the end of three weeks she was allowed to get up, and, as she was occasionally able to reach the closet before the passing of a motion, some control over the bowel seemed to have been acquired. On the thirtieth day she was discharged from the hospital, looking and feeling better, and suffering less pain than prior to the operation. The only dressing used was lint soaked in carbolised oil. Under the microscope the mass was seen to be composed for the most part of a fibrous stroma, and was remarkable for the absence of any suspicious cell formation.

On March 22nd, 1879, nearly eight months after the performance of the operation, the patient again came under observation. No alteration in her general appearance had taken place, but she stated that the pain in her "seat" had returned, as well as the occasional hæmorrhages which she previously suffered from. The bowel was found slightly prolapsed, but quite healthy. The disease had, however, returned at the lower end of the vagina on its posterior wall, where, in fact, the former growth had been adherent. It was now a little larger than a pigeon's egg, and extended backwards along the perineum. It was of a stony hardness, and presented on its vaginal aspect an ulcerated surface as large as a shilling. The growth proved to be quite isolated, and free from surrounding infiltration. The case affords a good illustration of the difficulty that sometimes exists in distinguishing scirrhus of the extremity of the bowel from epitheliomatous disease.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

THE USE OF THE FORCEPS.

(Continued from p. 848.)

Dr. M'CLINTOCK, of Dublin.—I assure you with all sincerity I would much prefer being a listener to this discussion to taking any part in it. However, I came over to London for the purpose of being present, and I will take advantage of your indulgence, and the indulgence of the members, to offer a few remarks, though, not having had charge of a hospital, and, of course, the opportunities of the enormous experience which a large hospital affords now for several years, my own direct experience in the use of this modern high development of the employment of the forceps is very limited. In the first place, let me express my very warm approval of the course which the Society has taken in bringing under the notice of its members such a very important subject as the consideration of the forceps. We should not forget that there is probably no agency, whether medicinal or surgical, that has effected a greater saving of life and a larger abridgement of human suffering than this instrument, the forceps. And the forceps can boast of something more than that—what no other agent or instrument can boast of,—it was in a great measure the means of effecting a vast and important revolution in practice in this country. It was the introduction of the forceps and its skilful employment that led to the rescue of midwifery from female hands and brought it under the care and the culture of scientific surgeons and physicians; and as a consequence of this—with all respect to the ladies I say it—scientific midwifery has made more progress in the last hundred and twenty years than it had in the thirty centuries preceding. I think, sir, then, that this instrument well deserves at our hands any amount of consideration or time that the Society could devote to it, and I think, speaking as an individual member of the Society, our thanks are due to that distinguished member who brought this subject under our consideration in a paper characterised by a remarkably impartial and philosophical spirit. Having said so much by way of preface I will address myself very briefly to the two great points in Dr. Barnes's paper, and I shall speak first upon the use of the forceps in the high operation, and then say a word or two about its employment in the low operation. I must express my hearty acquiescence in one or two general observations contained in Dr. Barnes's paper, apart from my admiration of the paper as a whole. In the first place, I entirely agree with what he says about the danger of drawing fixed conclusions. It is a dangerous thing to lay down fixed rules in medicine or midwifery. In the next place I entirely approve of his observation that he fears statistics will aid us very little in the investigation of this question from the difficulty of obtaining facts that are available. I know that Dr. Barnes has expressed on other occasions his hesitation and doubt with regard to the value of statistics, and I am myself more and more coming round to that opinion. I have seen some most enormous errors and misapprehensions engendered and diffused by the inaccurate, incautious, and illogical employment of statistics. We are discussing the use of the forceps in purely lingering labours. With regard to the use of the forceps in the first stage of labour, I think perhaps the important distinctions of the presence or absence of the liquor amnii is sometimes lost sight of when we speak of the first stage of labour. I think that that constitutes a most enormous difference, and I regard it as one of the most generally true maxims in midwifery, that as long as the membranes are entire and the liquor amnii present, no danger will accrue to mother or child by the continuance of the labour process, except from convulsions or hæmorrhage. That is an axiom which I believe is perhaps the most universally true of any practical axiom in midwifery, and it is one upon which I have invariably acted. The table prepared by Dr. Churchill as showing that the first stage may be indefinitely prolonged without any injury to the mother, has perhaps been relied on a little too much. I have qualified my opinion with regard to the prolongation of the first stage and the comparative freedom from danger from it by saying that the water should be present and the membranes unbroken. Dr. Churchill gives 144 cases where the labour was excessively prolonged in the first stage—in one case up to six days,—and the second stage was short in all the cases, and the women recovered. I think that that is a question, perhaps, of misleading statistics, for on looking through his work I find that these were really selected cases, and he did not include in this table of prolonged first stage any cases where an operative proceeding was required to terminate the delivery, or where the second stage was prolonged; and we all know it is a very common consequence of the long first stage that the woman, when she enters into the second stage, is weakened, and that strongly predisposes to the necessity of artificial interference. Dr. Johnston, in his cases, mentions twenty where he proceeded to use the forceps whilst the membranes were still intact. On that point I may say I entirely dissent from his practice, and such a course I would not myself, on any account, pursue. I can hardly say that such a proceeding would be justifiable, certainly not without in the first instance endeavouring to dilate the os uteri, and certainly to rupture the membranes. However, it is but due to Dr. Johnston to make a remark or two about his statistics, as they have been very freely commented upon. In 15 of his cases of the 169 where he used the forceps before full dilatation of the os uteri, the forceps were used either on account of hæmorrhage, placenta prævia, descent of the funis, or convulsions. These certainly should be excluded from our consideration of the use of the instrument in purely lingering labours. His mortality was 5·2 per cent. of the 169 cases. But when you come to analyse that, you find that 5 of the deaths arose from convulsions, or gastro-enteritis, from which the patient had been suffering many hours or days before admission to the hospital, so that that would reduce his mortality to a little over 2 per cent. I mention this in fairness as but due to him. Before leaving Dublin I distinctly put this question to him, and in no instance has he

applied the forceps unless the os uteri was dilated to the extent of two-fifths. Now, my estimate of the value of the forceps in the higher operation agrees mainly with that of Dr. Barnes. His remarks with regard to it fully express my own sentiments. He says: "Experience compels me to affirm that the necessity of this operation cannot be frequent," and such I entirely believe. Again he says: "The operation is not without danger in skilful hands." That I also believe. And again, speaking of the use of the forceps where the head is high above the brim and the os uteri only imperfectly dilated, he says, "Far more judgment and skill are required in deciding upon and carrying out the operation under these circumstances." Allusion has been made to ergot. I must say I entirely disapprove of the use of ergot before the os uteri is dilated, or where the head is above the brim. I think it is a most objectionable practice, and it is one I have never myself adopted or sanctioned in any instance. That is all I have to say with regard to the high operation. With regard to the low operation, I must somewhat question Dr. Barnes's first proposition; at least it requires to be a little qualified, for he says the forceps is superior to any of its alternatives. Now I cannot agree with the remarks that have fallen from my esteemed friend and compatriot, Dr. Atthill, about the use of ergot of rye. I think ergot of rye, cautiously and rightly used, restricted to the cases where it is really justifiable and appropriate, is a most valuable remedy, and is not likely to do any harm. With all respect I say this. If the head is in the pelvis, and there is no mechanical obstacle to its expulsion, where all that is required is a little increase in the *vis à tergo*, I can see no objection to giving ergot; and certainly, in my own hands, in a considerable number of cases, it has acted most satisfactorily and expeditiously in bringing matters to a conclusion. I know it involves danger to the child, but by timely interference you can rescue the child. If it gives good pains, that is all you want. The probability is that the labour terminates; that is what you want. If it fails to produce uterine action, it will do the child no harm. It is a point upon which I am clearly decided from very careful consideration that ergot only acts injuriously upon the child in a mechanical way by the character and intensity of the uterine contractions which it induces, and if it fails to produce these contractions the child will not suffer; and in either case, whether it does or does not, you are just as capable of delivering with the forceps as if you had not given the ergot, and it is always a good preparation for the use of the forceps. Dr. Edis alluded very properly to some other auxiliaries that we may employ under those circumstances in purely lingering labour, and, amongst others, pressure upon the uterus. Of that, however, I have no experience, but as to putting the patient in an upright position and administering nourishment and stimulants and so forth, I think that they may often be fairly and judiciously tried. Of course the great number of cases where the forceps is used with such extraordinary frequency as we see at the present day, are cases of this description, where the head is in the second stage of labour. It is the low operation which is performed. Now the forceps, like nearly every other agent or remedy, has had to go through certain stages after its discovery, and those stages are three. In the first instance, when a remedy comes out it is extolled and praised; it is taken up with the greatest enthusiasm by the whole of the profession, and it is, of course, often misapplied, misused, and administered in cases where it is wholly unsuitable, and a great deal of injury and disappointment results. Then there is the reaction, and the medicine is thrown aside and consigned to an unmerited oblivion. Then, perhaps, at a later stage, there is a reaction in the other direction, and it again comes into vogue. That is the present stage of the forceps. After the forceps was discovered everyone thought he could use it, and a great deal of mischief was done. This led to the reaction which was brought about under the influence of Hunter, Osborne, and other men of that stamp, and, later, by Robert Lee and Collins, and the forceps then fell, I believe, into an unjust contempt. Now we are emerging from that, and have got in the last few years into the third stage; and I should hope that now—though I see that there is rather a tendency to the other extreme—still I should hope that under the guidance of men such as this Society is composed of, men of judgment, capable of giving a clear exposition of their views, and putting them forward in a philosophical manner—I should hope the reaction will be kept within proper bounds. I have lived to see two of these phases in the history of the forceps. In my early life the rule laid down was never to resort to forceps until symptoms began to appear which we knew were indicative of commencing inflammation, either locally in the vagina or disturbance set up in the whole system; and the consequence was, a large proportion of these cases were followed by more or less injury to the vagina, and in not a few cases by sloughing, from the use of the instrument being delayed too long. Of late years our general plan has been not to wait for the accession of these symptoms, but if, after waiting two or three hours, no advance is made, on the first symptom of failure of the patient's strength to resort to the instrument, and by its timely use save the child and the mother. Where the forceps is employed before any inflammation is set up in the vagina, I believe injury from its use is extremely rare, except perhaps injury to the head of the child, from the forceps not having been correctly and properly applied on the perineum; but no dangerous injury has resulted, and in this way I am satisfied a great deal of life has been saved, and that the resort to craniotomy has been most materially diminished. The experience of the lying-in hospitals abundantly shows this. Now, about this great frequency of the forceps, we hear of some men using the forceps once in every seven cases, others once in every ten, and some more frequently than that. I am inclined to think that perhaps that is pressing it a little too far. In my own private practice the frequency with which I use the forceps is exactly one in thirty, but I know it is not fair to compare private and hospital practice at all, because the classes of cases you meet with are quite different. In private practice also you have the patient under your own control from the commencement, and she may be considered to be properly treated; but in a hospital the patient is often brought in suffering from the ill effects of a great deal of mismanagement and bad treatment, and if she dies, of course the death is set down to the master and to the discredit of the institution. The problem to be solved is this. What I want to express is perhaps more clearly put by the editor of Smellie of the Sydenham Society's edition in one of the notes:—"What, I should like to know, are we to consider as the highest rate of frequency of the forceps coexistent with the lowest rate of mortality to mother and child? As long as the mortality diminishes *pari passu* with the more and more frequent use of the forceps, we are justified, I think, in going on. But surely there must be some limit to this, and some line beyond which the mortality will gradually begin to rise in a certain ratio with the increasing frequency of the operation." If we could but just determine that problem, I think it might point out to us the exact limits within which the forceps might be employed. On the whole, contrasting in a general way the old and cautious use of the forceps where the policy of procrastination was employed with the more frequent, and I believe the too frequent, use of forceps of the present day, I am bound to confess the advantages are on the side of the latter practice as contrasted with the former.

Dr. BASSETT, of Birmingham.—I desire to unite with the gentlemen who have preceded me in thanking Dr. Barnes for having placed this subject before us for discussion. It is impossible to conceive that any matter of greater importance affecting the welfare of the public, and the credit of this Society, could have been placed before it. Unfortunately for us who have to play the part of critics, Dr. Barnes has treated this matter in so complete and philosophical a manner that, except in the way of commendation, it is difficult to say anything by way of criticism. I shall not, however, at this time of the evening, and considering that others have to speak, do more than say that, the old landmarks with reference to the use of the forceps having been thrown down, it was quite time to look out for a scientific frontier, a certain geographical area within which we can operate with precision, with freedom, and with safety to our patients. We have this in the statement that Dr. Barnes has placed before us, copying, as he did, the teachings of three of the greatest men who ever taught in recent times in midwifery, adding his own experience to these, and giving us an epitome of what we desire to know and carry into practice with reference to the use of the forceps. There is, however, one reservation I should be disposed to make with reference to the five propositions with which he terminated his paper, and that is as regards the employment of ergot. I think the case against ergot has been a little overstated. If you give ergot and watch its effects, if it fails to produce the desired result, you have the forceps at hand to terminate the case without difficulty. My experience has led me to that

conclusion. I am satisfied in many cases I have succeeded in effecting delivery by ergot without forceps; when had I not, I must have at once employed the forceps. Then, with reference to the more interesting and more important matter, the use of the forceps in the high operation, I have had an opportunity of making use of this instrument where the os uteri has been undilated on several occasions, in the majority of cases with considerable benefit. In a few the operation has failed, and I have had to resort either to turning or to craniotomy. Looking at the matter altogether, if the operation is undertaken prudently, although the os uteri may be only partially dilated, I think less harm will come to the patient than if other methods of treatment are employed.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.

AT a meeting of this Society in University College on May 7th, Dr. John Murray, Surgeon-General, President, in the chair, a paper on the "Course of Cholera in India in 1876," was read by ROBERT LAWSON, Esq., Inspector-General of Hospitals. The author remarked that epidemics of cholera had sprung up in the endemic area in Bengal in 1864, 1866, 1868, 1870, 1872, 1874, and 1876, and that each, either in the year it commenced or in that immediately following, extended to the west and north-west a variable distance, and in varying force, but that intensity at one point of its course gave no indication of how far it would proceed, nor of its severity during its subsequent progress. After an outline of the incidence of cholera in 1875, it was shown that in January, 1876, the whole breadth of the peninsula, from Cape Comorin to about 16° N. was covered by the disease; from this the low country between the hills and the sea on the east coast (with an offshoot to Hyderabad), was occupied up to the endemic area with little intermission, and on the west coast, in a milder degree, as far as the top of the Gulf of Cambay, including the Kattywar peninsula. There was a large amount of cholera in the endemic area, but the previous epidemic had died out along the Ganges and to the northward, except in Cashmere, where an outbreak was just commencing. The whole interior of the country, therefore, from latitude 16° northwards (except Hyderabad) was practically free from cholera. To the south of the line just specified cholera was in great force in many districts in January, and continued with various fluctuations during the year. In the southern districts of the Bombay Presidency, Dharwar, Belgaum, and Kaladgi, cholera was very active from January onwards, and culminated in the first in March, and in the others in May; the districts to the northward, on the central plateau, were affected in succession, Sholapur in May, Satara and Poona in June, Nasik and Ahmednagar in July, and Khandesh very slightly in August. Tanna, on the coast, had the epidemic in June, Bombay city in July only. In the Ahmedabad district, at the top of the Gulf of Cambay, the disease had been going on from January; it culminated in April and May; and in the latter month Deesa, and the Thar and Parkar districts on the north of the Run of Cutch, were affected. Further on, in this direction, a column of troops on the march to Quetta were struck by cholera on April 9th, at Bagh, a town near the entrance to the Bolan Pass, and it was reported the disease had prevailed among the natives in its vicinity some time previously. In the endemic area cholera increased rapidly in January and February, and in March and April extended over the districts along the valley of the Ganges, and reached Allahabad and Cawnpore, and occupied the greater part of Oudh. In May the disease extended a little, and culminated in June in most places. North of the Jumna it did not extend west of 80° E. long., except close to the mountains, where it covered the country up to the Ramgunga river, a tributary of the Ganges; south of the Jumna there was a long offshoot, parallel to the river, extending as far as Ulwar, southward of Delhi. In the centre of the country, which was unaffected by these outbreaks, there had been twelve deaths at Chanda, south of Nagpur, in January, and in March an epidemic commenced there. This month, also, the disease commenced at Mandla, Betul, and Hoshungabad, westward and north of Nagpur. Other districts of the central provinces and those of Berar became affected subsequently, forming an irregular cholera field, which joined on to that of Bengal opposite to Allahabad, but remained detached elsewhere from those around it. There was a smaller field, which commenced at Sambalpur in March, and extended up to July, but it continued isolated. There was thus a large portion of the interior of the peninsula, commencing at the Sone river and foot of the western slopes of Chota Nagpore, running south, then turning west between Chanda and Hyderabad, then north-west and west of Berar northwards, crossing the valleys of the Taptee and Nerbudda, then opening out into Central India, and, further on, embracing the whole country from the sea north of Cutch to the Himalayas; in this extensive space cholera did not occur as an epidemic anywhere, though a few small groups of cases were scattered over it. Beyond this exempted area cholera appeared in force at Lahore, and in the districts to the west and northward it extended in July and August, and by September involved Peshawur and the country west of the Indus down to near Dera Ghazi Khan, and in November was at Caubul. The relations of these various outbreaks to one another form an interesting subject for inquiry, which none of the theories hitherto advanced can altogether elucidate.

In the discussion which followed Dr. Murray, Mr. Netten Radcliffe, Sir Joseph Fayrer, and others, took part.

Reviews and Notices of Books.

Can we Prolong Life? By CHARLES W. DE LACY EVANS. pp. 177. London: Baillière. 1879.

IN this book Mr. Evans gives a good account of the somatic changes that occur with the advance of age, but some remarkable statements are made which deserve notice, as we do not remember to have either seen the phenomena described, or to have heard or read of them. Is it a fact that the brain of an old man contains a less amount of phosphorus than that of a younger man? It may be so; but is it true that the salivary glands are hardened and ossified in old age? Is it correct to say that the chief purpose of the bile is to separate the chyle from the chyme, and that in old age fibrin and gelatin increase, whilst albumen diminishes? Mr. Evans is of opinion that the patriarchs lived to the full age recorded of them, and not to one-fourth of that age, as some heretics have imagined, and agrees with Josephus that by selecting more appropriate food we may rediscover the secret of long life, for the great duration of their lives was, he thinks, due to the fact that their food was better fitted for nutrition, apparently because they consumed articles which contained but little lime. But as a matter of fact the patriarchs consumed almost the same kind of food as we do now. Sheep and oxen and grain were then as now the staple of man's food, and we doubt whether the 900 and odd years of Methusaleh could be attributed to his diet being more wholesome or essentially different in kind from a Yorkshire tyke. Mr. Evans gives a large number of analyses of different kinds of food, chiefly drawn from those published in the food-collection pamphlet published by the authorities of South Kensington. The last part of the book is enough to make Mr. Thoms stop in the highway and "swear at large," for it bristles with accounts of men and women who have lived over 120. In one page alone we observe the ages of 112, 127, 128, 136, 139, and 150; and one gentleman, Mr. Thomas Carn, managed to complete his second century and die at the almost patriarchal age of 207, whilst he—even he—was a mere chick to Numa de Cugna, a native of Bengal, who attained the age of 370. What is the use of recording these mythical cases? Is Mr. Evans credulous, or are we incredulous when we read that the American bittern has the power of emitting a light from its breast equal to the light of a torch? The best part of the work is that giving directions in regard to a wholesome diet.

An Essay on Rectal Medication. By WILLIAM BODENHAMER, A.M., M.D. New York: William Wood and Co. 1878.

THIS is a short essay, in which attention is drawn to the well-known facts of the structure and functions of the large intestine; especial reference being made to its power of rapid absorption. From this it is argued that the administration of remedies *per rectum* is a truly scientific mode, and one far too much neglected, and that "although rectal medication cannot be employed as a complete substitute for stomachic medication, yet it nevertheless can and should greatly restrict its use." We cannot suppose that this essay will influence medical practice in any marked degree; it is too discursive, it makes no attempt to discriminate between the drugs that should be given *per anum* and *per os*, nor between the diseases and cases best treated by these means, and it does not take notice of the very obvious difficulties and objections that must necessarily prevent the adoption of rectal medication in any but a limited degree. The subject is, undoubtedly, important, and one on which we may hope to get much valuable light when investigated in a thorough, careful, and systematic manner.

A Monograph of 248 Cases of Lateral Lithotomy Operations, performed in the North-west Provinces during a period of Twelve Years. By RAI RAM NARAIN DASS BAHADOOR, Lecturer on Surgery to the Campbell Medical School, and First Surgeon to the Campbell Hospital, &c. London, Calcutta, and Bombay: W. Thacker and Co.

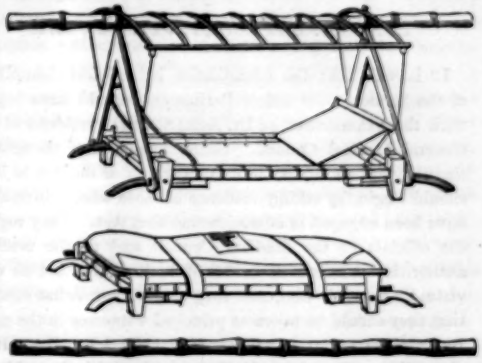
THIS little book is a record of the labours of an Indian surgeon, who has had great experience in the operation of lateral lithotomy, and has attained considerable reputation therein. He has cut no less than 248 males, with only 17 deaths, an average mortality of 6·85 per cent. If, however, the tables be examined more closely, it will be found that 122 of the cases were below twenty years of age, and that no particulars as to age are given in 28 cases operated on at Cawnpore; so that there are 98 cases between twenty and eighty years of age. Of these, 11 died, or about 1 in 9. Although the statistics of an operation performed in India and upon Hindoos and Mussulmans cannot in all particulars be compared with a similar operation performed upon Englishmen in England, the author may fairly be congratulated on his success.

Nothing new is advanced respecting the etiology of stone in the bladder, nor is there any mention of lithotrity.

New Inventions.

THE HAMILTON DOOLIE STRETCHER.

SURGEON-MAJOR J. B. HAMILTON, Statistical Officer, Simla, has designed a doolie for the conveyance of sick and wounded in India, which possesses several advantages over the old cumbersome Government pattern hitherto in use:—1. It combines doolie, bed, and stretcher, the handles necessary for the latter sliding out, when required for use, a foot in length, and being fixed by a linch-pin attached to a small chain. These handles also enable the stretcher to be suspended in a railway-waggon on the Zawodosky plan. 2. It forms a comfortable bed, raised seven inches from the ground; a double piece of the bottom canvas, attached to a light iron support, making a pillow, with space beneath for knapsack, clothes, &c. 3. As a doolie it is light and easily carried. The cover, waterproofed outside, has four inside pockets for food, water-bottle or dressings, gives protection against rain, dust, and sun. 4. It is very portable; the top and sides are readily taken off, and when strapped together by two bands of webbing, with the cover outside, the whole forms a compact parcel for transit by any conveyance. It is calculated that forty can be conveyed in an ordinary goods waggon. 5. The webbing bands are capable of various uses; they can be extemporised as tourniquets, arm-slings, swings, side supports in a train when the stretcher is used as a bed, or to fasten the rifle to the pole.



The Government of India have had several hundreds made up and used in the late Afghan war, and they are most favourably reported on.

HEALTH OF LARGE ENGLISH TOWNS
IN THE TWENTY-FOURTH WEEK OF 1879.

DURING last week 5157 births and 2781 deaths were registered in twenty of the largest English towns. The births were 25, and the deaths as many as 589, below the average weekly numbers during 1878. The deaths showed a further decrease of 5 from the declining numbers in recent weeks. The annual rate of mortality per 1000 persons living, which had declined in the fourteen preceding weeks from 29·1 to 19·7, was again equal to 19·7 last week, a lower rate than has prevailed in any week since the middle of June last. The lowest rates in these towns last week were 11·8 in Hull, 12·9 in Bristol, 15·0 in Portsmouth, 15·4 in Plymouth, and 15·8 in Leicester. The rates in the other towns ranged upwards to 21·9 in Sunderland, 22·8 in Liverpool, 24·2 in Manchester, and 29·8 in the borough of Newcastle-upon-Tyne. The 400 deaths referred last week to the seven principal zymotic diseases, in the twenty towns, showed a further increase upon the numbers returned in recent weeks; they included 127 from measles, 91 from scarlet fever, 81 from whooping-cough, and 34 from fever, principally enteric. The annual death-rate from these seven zymotic diseases averaged 2·8 per 1000 in the twenty towns last week; it ranged from 0·7 in Bristol, to 3·5 in Wolverhampton, 3·6 in Manchester, and 4·3 in Newcastle-upon-Tyne. Measles showed the largest proportional fatality in London, Brighton, Manchester, and Salford; and scarlet fever in Newcastle-upon-Tyne, Leeds, and Sheffield. Three deaths were referred to enteric fever, both in Sheffield and in Nottingham. Small-pox caused 12 more deaths in London and its outer ring of suburban districts, but not one in any of the nineteen large provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 199 and 207 at the end of the two preceding weeks, was 204 on Saturday last; 42 new cases of small-pox were admitted to these hospitals during last week, against 44 and 48 in the two previous weeks. The Highgate Small-pox Hospital contained 17 patients on Saturday last.

SMALL-POX IN DUBLIN.—The epidemic, which last April seemed to have almost disappeared, increased in May to a considerable extent, and since then, up to last week the mortality has been beyond the average for some tim past.

THE LANCET.

LONDON: SATURDAY, JUNE 21, 1879.

IT is well that the examination by a Select Committee of the Medical Bills before Parliament should have begun with the examination of Dr. ACLAND, the President of the General Medical Council. Some, indeed, have thought it singular that an inquiry into the working of the Act of 1858 should begin by taking evidence of those who, principally, have been engaged in administering that Act. They regard the officials of the Medical Council and of the medical authorities enumerated in Schedule A of the Act as now virtually on their trial, and they think it somewhat strange that they should be taken as principal witnesses in the case. But a little reflection will show that the Select Committee are acting quite reasonably in beginning with the evidence of the President of the Medical Council. The Council have been entrusted with the administration of the Medical Act. Dr. ACLAND is not only the President of the Medical Council, but he is one of the most faithful, not to say obsequious, representatives of it that could be found in the three kingdoms. He allows no personal views which he may have to interfere with the most complete deference to the feelings of the Council and of the motley group of bodies of which it is made up. He is eminently fitted by position for this service. He is the Regius Professor of Medicine in Oxford—a university in which medicine is ignored. Dr. ACLAND'S official opinions are, it will be seen, entirely tepid and indifferent. Humanity, as far as his university is concerned, might be almost as much without the knowledge of medicine as the North-American Indians. Dr. ACLAND sees no jealousy among the nineteen medical bodies. He moves, or rather sits, among them with entire indifference, and has watched their wrangles over the peddling changes of the last twenty years as one might be expected to do who never sees students in the torture of an examination for which they have not been prepared, or in the fervour of a gratitude and a reverence towards teachers which may be seen in other universities where medicine is taught as a great factor in civilisation. We entirely approve of the Committee examining Dr. ACLAND in the first instance. It is but fair that the Council should, at the very outset, be asked to give an account of its stewardship, and it cannot be more fitly called upon to do so than through its chairman. We should think otherwise if much of the time of the Committee were taken up with the examination of other members of the Council, unless indeed their responsible relation to other bodies concerned in medical legislation made it right—as in the case of Mr. SIMON—to take their evidence.

Though it is right in the Council to take the evidence of Dr. ACLAND first, it must be very easily satisfied if it finds anything satisfactory in the evidence itself. It would be interesting to know what was the impression produced on the minds of the members of the Committee by the answers of Dr. ACLAND to the pertinent questions of Dr. LYON PLAYFAIR as to the light esteem of Midwifery teaching shown by the Medical Council, and the probable effect on such matters of the introduction to the Council of a few men familiar with the exigencies of general practice, and by his strange reluctance to admit, what he had previously said distinctly, that the duty of the Council was to provide a satisfactory *minimum* examination that should secure an amount of knowledge on the part of the successful candidate that would fit him for the practice of all branches of his profession. It is not by such evidence, surely, as that of Dr. ACLAND'S on Monday, that the Committee will be satisfied that the working of the Medical Council and the nineteen bodies is satisfactory.

This is the real question to be decided; and we are glad that it has been put so early and so plainly. It was also elicited, by dint of pains on the part of Mr. MILLS and Mr. ERRINGTON, that the feeling in favour of conjoint boards has receded rather than advanced since 1870, and that the Scotch and Irish corporations have recovered their courage to express their aversion from a change that might abate their individual freedom in the matter of qualifying examinations. So much good has been done, and so much only, we fear, by the long, timid, hesitating evidence of Dr. ACLAND. Mr. FORSTER, however, has struck the real question to be answered: What is the *working* of the present Medical Council and its nineteen satellites, the medical bodies? Are they a set of glass houses, the inmates of which are bent on mutual abstention from all stone-throwing? Has the Council done the work that was given it to do? Has it advanced Medical Education, as might be expected of a Council called, as we are always pointing out, and as Mr. FORSTER pointed out, "THE COUNCIL OF MEDICAL EDUCATION"? The Register is the arduous work of the Registrar and of the clerks, and the Pharmacopœia of the Pharmacopœia Committee, strengthened by an eminent outside pharmaceutist. These were not the results for which such a body as the Medical Council was called into existence, or which can justify twenty years of work. Has it used the powers given it in the Act, and wherein these powers are insufficient has it sought for more? Created for a great public purpose, has it fulfilled that purpose, and in doing so, has it gained the esteem and the respect of the profession, which is best capable of judging it, and which supplies all its funds? Or are its funds spent and its time wasted in discussing over and over again the same subjects, and in formulating recommendations which are in great part disregarded by the bodies for which they are meant? These are the questions which need to be answered. The answers are deeply important to the public. They profoundly affect the efficiency and reputation of the medical profession. It is clearly within the domain of the duties of statesmen to demand that the answers shall be exact. Ten years or more have been spent in discussing the fitness of numerous and competing bodies to issue partial qualifications admitting to the Register, and depending on the income so accruing for their prosperity and even their existence. If all this discussion is not to be wasted, and Parliament itself to be stultified, these questions must be answered. But they have not been answered by Dr. ACLAND.

SEVERAL recent meetings of the Académie de Médecine have been devoted to the discussion of a noteworthy com-

munication by M. JACCOUD on the diagnosis of multilocular pleurisy, which, whether the author be right or wrong in his chief conclusions, has excited much admiration, and has served to direct attention to an important subject. The importance of the subject depends on its relation to the operation of thoracentesis, for adhesions, the existence of which has not been recognised, may lead to disastrous results in the operation, as in a case recorded by GIRGENSOHN, and referred to by JACCOUD, in which death apparently resulted from the passage of a trocar through a small portion of an empyema into the abdominal cavity.

The effect of pleuritic adhesions in preserving the vocal fremitus at the spot has long been known. The special point in M. JACCOUD'S paper is that the combination of this preserved fremitus with certain physical signs furnishes a distinctive indication of multilocular effusion, since mere preservation of some vocal fremitus may occur in cases in which the layer of intervening fluid is of slight thickness.

According to JACCOUD, the diagnostic signs permit us to divide multilocular effusions into two classes; but the first of these rests on a single case, which, as M. RAYNAUD subsequently suggested, rather presented a unique opportunity for exact diagnosis than furnished any new principle. A band of preserved vocal fremitus encircled one half of the thorax, the side elsewhere presenting the signs of a copious pleuritic effusion. The diagnosis of a band of adhesion, separating two chambers of fluid, was confirmed by the thoracentesis and by a subsequent autopsy. In the second class, the vocal fremitus is preserved, more or less weakened, in the whole extent of the dulness, except perhaps at the extreme base, with bronchial breathing and bronchophony in the same area, combined with displacement of organs. Several cases presenting these symptoms were related in which the diagnosis of the multilocular character of the effusion was confirmed by the thoracentesis, or by the autopsy. The mechanism assumed is the presence of stiff bands of adhesion, by which the vocal vibrations are conducted to the chest wall, and there, diffusing around the points of adhesion, could be perceived over a large area. In partial effusion the same physical signs may exist, and have the same significance. Having thus diagnosed the existence of a multilocular pleurisy, is it possible to carry the diagnosis further, and to ascertain the position of the chief adhesions so as to guide the thoracentesis? JACCOUD described two cases in which he succeeded in doing so, finding certain zones in which the vibrations were most strong. But he believes that these cases of multilocular pleurisy are not well treated by evacuation, and hence the diagnosis is of additional importance. Of six cases he had three recoveries and three deaths. In all the latter thoracentesis was performed; in the three former it was not.

A second part of M. JACCOUD'S communication related to the recognition of adhesions in the left infra-mammary region, between the diaphragmatic and parietal pleuræ, such as may prevent the return of the displaced heart, or may be confounded with an effusion in this situation. In each condition—adhesion and effusion—the normal stomach note is replaced by dulness in the area in which the diaphragm is normally in contact with the chest-wall. With thick adhesions between the chest-wall, diaphragm, lower edge of lung, and pericardium, the dulness may, he states, be as great as with effusion in this situation. In order to determine between these two conditions it is necessary to examine the respiratory movements in the costo-epigastric region. The normal characters of this movement are altered, but not in the same manner in the two conditions. In effusion there is simply the absence of the inspiratory projection of the epigastrium and the immobility of the inferior costal region on the same side, and there may be even a reversal of the ordinary respiratory movements during the second period of respiration. In pure adhesions there is not only a reversal of the normal movement of the epigastrium and hypochondrium, as in all paralyses of the diaphragm from whatever cause, but there is the pathognomonic sign that at each inspiration there is an active depression of the inferior intercostal spaces, from the sixth or seventh, and, coincident with this, there is a movement of the ribs towards the median line; and this separates the condition from all other causes of immobility of the diaphragm. In expiration these parts return to their normal position; the epigastrium becomes prominent, and there is an excentric projection of the ribs and corresponding intercostal spaces. The healthy side preserves its normal movement, and hence there is a complete alternation between the movement of the two sides of the thorax in this region, best observed by standing at the patient's feet. The recognition of this may be regarded as proof that there is no antero-inferior effusion, that the diaphragm is fixed by costal adhesions, and that puncture in this region to evacuate the supposed effusion would have deplorable consequences. The inspiratory depression in the epigastric and hypochondriac regions may occur when, from any cause, the rarefaction of the air in the thorax is unduly great, and the difference of internal and external pressure is therefore excessive; but in these cases there is no concentric motion of the ribs, or local depression of the intercostal spaces. Diaphragmatic adhesions manifest themselves at the extreme base behind, just as in front, by inspiratory depression of the intercostal spaces, but necessarily the movement of the ribs is much less marked than in front.

M. JACCOUD'S statements, however, have not passed uncriticised. His "brilliant" communication, as the Paris medical press designates it, has been even eclipsed in brilliancy by the criticism of M. RAYNAUD, which for its cautious but incisive argument and its close reasoning, lightened by a constant play of genial humour, is a remarkable dialectical achievement. The facts of M. JACCOUD he considered insufficient, especially in view of the absence of any post-mortem examination in half the cases, and the condition found in one case, which, he urged, scarcely justified the conclusions based upon it. He argued, with justice, that new diagnostic facts could not be convincing which were unconfirmed by post-mortem examination. M. JACCOUD'S theory was not beyond question. The supposed mechanism—the conduction of vibrations by bands of adhesion and the diffusion of those vibrations in the thoracic wall—was scarcely warranted by any known facts of pathological physics; and the group of signs might be produced perfectly by other and morbid states, as by chronic pneumonia. In pleurisy the persistence of the fremitus may afford reason to infer the existence of false membranes in certain quantity, but from this to the conclusion that there

is complete loculation of the effusion "is an abyss." Regarding the diagnosis of submammary adhesions, M. RAYNAUD'S chief criticism relates to the danger to be avoided—that of paracentesis in this region, to which the "silence on auscultation might be a temptation"; but to him the only temptation would be to get as far away as possible from a region in which the pericardium, heart, stomach, and liver are all within reach. At a subsequent meeting of the Academy M. WOILLEZ also expressed his dissent from M. JACCOUD'S views; but the attention which has been directed to the subject cannot fail to be productive of good results.

As the opportunity for reform offered by the sitting of Parliament passes away from us, the hopes we cherished at the commencement of the session naturally dwindle down to modest proportions. This is certainly a more healthy state of mind than one of despair would be; and it should be hailed by the Legislature as worthy to be encouraged, even at some little self-sacrifice, if for no better reason, because it is a more tractable condition of feeling, from the electioneering point of view, than that of resentment or sullenness, which might easily supervene. It cannot, we imagine, be forgotten by any party or school of politicians that the medical body scattered throughout the country is numerically, as well as influentially, important, and any sense of grievance which pervades that body should be relieved. It happens that at this moment the medical profession is groaning or chafing under considerable griefs and annoyances which it would be easy to remove, if only time could be spared from more sensational business to legislate on subjects intimately connected with the life and health of the people. We have elsewhere dealt with the most pressing topic for which the attention of Parliament has long and earnestly been solicited by the profession, as distinguished from its supposed representatives and leaders. Our present object is to ask consideration once again, and, if possible, more importunately than heretofore, for the subject of Lunacy Law Reform.

If the Government and the Legislature find it impracticable to give us what we want, then, in the name of peace, give us *something* to quiet the prevailing agitation, and set the specialty free from its apprehensions, and the profession as a whole at rest on this question, which, if not vast in its proportions, is wondrously irritating and disturbing in its nature. In short, the present state of matters is intolerable. The agitation is progressing, and gathers strength, instead of growing weaker, as it advances. Meanwhile, and this is the most important consideration for Parliament, the hands of those who would gladly do something to improve the condition of the insane, and to institute a system of instruction and training in mental practice, are tied by the position of matters in the Legislature and the country. With a Bill like that introduced by Mr. DILLWYN on the order-book of the House of Commons, and the knowledge that the Lord Chancellor has some proposal in reserve, it is vain to hope that anything like progress will be attempted. Looking at the matter from a simple business point of view, it must be obvious that it would be better to shelve the question altogether than to keep it before the public mind, and as a matter of expectancy before the profession. It will be most injurious to the interests of the insane if the subject of Lunacy Law Reform is not in some way disposed of before the present sitting of Parliament is brought to a close.

Meanwhile it is not, clearly, impossible to do something that will be really beneficial. There was a suggestion made in the course of evidence before the Select Committee of 1877–8 which might be carried out, and would, indirectly, add greatly to the protection afforded the insane. It is briefly this: to place all patients above the rank of paupers—who are, for the most part, and might be wholly, accommodated in public asylums—under the personal supervision of the Lord Chancellor's Visitors. This would supply the inmates of private asylums with direct guardianship, and create a system of visitation of *patients* as well as of *asylums*, which could scarcely fail to increase the security against abuses of all kinds, as well as to relieve the keepers of licensed houses from a large measure of responsibility, without encroaching on their rights and powers. We do not point to this scheme as a perfect measure of reform, because we are convinced that sooner or later private asylums must be abolished or placed on a new and better footing; but it would not be difficult to pass a short Bill this session extending the jurisdiction of the Lord Chancellor's Visitors to all inmates of licensed houses; and the collateral effect of such an Act would be to give additional security to the public and those concerned in lunacy practice, while affording a largely increased measure of personal protection to the insane.

The chief, and, so far as we can see, the only, obstacle to be overcome relates to the matter of cost. As it is, we believe the costs of the Chancery Visitors, large as they must be, are met out of the estates of the Chancery patients, and do not press heavily on any class of the community. It may be fairly assumed that all the inmates of private asylums are in a position to contribute something towards the funds necessary to extend the operations of the Board of Visitors. We doubt whether it would be requisite to draw to any appreciable amount on the public purse for the reform suggested, while in return, by a moderate extension of the powers of the Visitors, we should obtain a double system of inspection, one relating to the present needs and interests of the patients, the other to the general management and arrangements of asylums. It would be easy to define the boundary-lines of the two authorities, and to prevent their clashing. It is manifestly unfair to the subjects of mental disease that the accident of their not being possessed of property above fifty pounds' annual value should deprive them of the advantage of *personal* protection and supervision. This must be obvious to all sections of reformers, and we venture to hope that it will so strike the Lord Chancellor and the Secretary of State that they may be induced to bring in a Bill extending the advantages accruing to the jurisdiction of the Visitors to every certified lunatic above the rank of a pauper, whether located in an asylum or "with friends." The passing of such a measure will, as we have said, constitute a boon to the public, and it will allow the subject of Lunacy Law Reform to pass out of the stage of agitation for a while, until the grave questions which have during the last three years been seething and burning to so little practical purpose, assume a more practicable and con-

solidated shape. We abate nothing of what we have said and urged on the subject of private asylums, and the need of a substantial change in the law relating to lunacy, but it is manifestly injurious that the subject should be made a stalking-horse for agitators, and perennially discussed.

IN our last number we had the pleasure of informing our readers that the Council of the Royal College of Surgeons had, after much consideration, determined on a reform which we have repeatedly urged in these columns. The examiners for the primary examinations will, at the next election, which takes place towards the end of the year, be Examiners in Anatomy and in Physiology, so that the two branches of the examination may be kept quite distinct; separate papers in each subject being set. The older members of the profession will remember when there was no separation of the examination into a primary and a pass, and every reason that was used for such a division tells with equal cogency in favour of the further innovation which has now been determined on. It is rumoured that a majority of the Board of Examiners are in favour of the continuance of the present system, but the Council has wisely decided on listening to the forcible memorial which the teachers almost unanimously signed, and recently laid before it. It only illustrates again, what has been so frequently shown before, that those who are engaged in working an erroneous system are the last to suggest its improvement. We must express our wish that with the separation no increase in the severity of the examination be permitted, for we are fully persuaded that the standard is quite high enough for both the membership and the fellowship. The change, if properly worked, should do away in a great measure with the uncertain character of the examination, which is its chief drawback at present, although we fear that this will not be wholly eradicated until the written part of the examination be increased at the expense of the *viva voce*. At any rate, rejected candidates will now know in which subject they are deficient, and will no longer be referred for three or six months' anatomical study when they may have failed in physiology; and the teachers also will be glad to know, when a candidate is rejected, in which subject he is below the standard. We hope that no attempt will be made to schedule the amount of knowledge required in physiology, for this will most certainly cramp the best teaching in this subject, and lead to many misunderstandings between the teachers and examiners. If, for example, embryology is not required for the primary membership, but only for the fellowship, let this be definitely stated, but any further scheduling will be a great error, and only lead to very imperfect knowledge of a most important subject, without an accurate acquaintance with which no one can become a trustworthy surgeon or physician. We presume that separate examiners and a separate examination in Comparative Anatomy for the primary fellowship will soon be arranged also. This must inevitably follow the present changes, unless the authorities of the College are prepared to eliminate it altogether from their examinations, and this we should in every way deplore.

COLONEL STANLEY has at last given some indication of his intentions with regard to the Army Medical Department. In the discussion, on Monday night, on the vote on the Army Estimates for Medical Establishments and Services, he stated that, "Speaking generally, he might say it was his intention to carry out the recommendations of the Committee of Investigation appointed by his predecessor, which affected the pay and the status of the medical officers." One of his great difficulties appears to have been the mode of entrance into the service; but he intends, so far as we can judge from the report of his speech, to adopt the system of nomination by the different medical schools, instead of the so-called competitive examination. He observed "that the proposal had been regarded as a return to the system of nomination, and they had been told they were abandoning competition; but competition ceased when there were more vacancies than competitors, and it might be wise perhaps to invoke the help of the medical bodies." The details of the plan, however, do not seem to be quite settled, as he appealed to the members for Salisbury and Edinburgh University to confer with him on the subject. If the result of the labours of the Select Committee on the Medical Bills be, as we trust it will, the adoption of the one-portal system of admission into the profession, the abolition of the entrant examination into the service will, in our opinion, be judicious, as it will remove an unnecessary obstacle from the way of intending candidates, without diminishing the security for obtaining well-qualified men. The information given by Colonel STANLEY we must admit is very vague, but it indicates that he is now prepared to take steps to fill up the numerous blanks in the department, and we trust that he will lose no time in doing so. The present state of the Army Medical Department is very discreditable to those who have so long delayed the adoption of measures which have been urged from all quarters as being necessary to its regeneration. We rejoice to see that the sick leave allowed to officers of the Department will be extended from six months to a year. This is an act of justice which has been long asked for in vain.

Annotations.

"Ne quid nimis."

THE COLLEGE ELECTIONS.

THE annual election of members of the Council of the Royal College of Surgeons will take place on Thursday, the 3rd proximo. As already announced, there will be four vacancies: one caused by the death of Mr. John Hilton; the other three by the retirement of Mr. Le Gros Clark, Mr. Spencer Wells, and Mr. George Critchett. Of the three retiring candidates, Mr. Spencer Wells is the only one who desires re-election. The following gentlemen, placed according to their seniority as Fellows, have been nominated for election: Mr. Richard Barwell, of Charing-cross Hospital (1853); Mr. Thomas Bryant, of Guy's (1853); Mr. John Wood, of King's College (1854); Mr. Henry Power, of St. Bartholomew's (1854); and Mr. Jonathan Hutchinson, of the London Hospital (1862). It may be remembered that Messrs. Bryant, Wood, and Power were candidates at the last election, and polled 62, 81, and 78 votes respectively. It is rumoured that Mr. Wood and Mr. H. Power will, if elected members of the Council, either resign their appointments on the Board of Examiners in Anatomy and Physiology at the first convenient opportunity, or will not seek

reappointment next year. We trust there is good foundation for this report. Although these gentlemen—one an experienced teacher and examiner in Anatomy, the other the able editor of Carpenter's Physiology—may be ill spared from the Board of Examiners, especially now that it has been decided to separate Anatomy and Physiology as subjects for examination, yet the interests of the examinees and the welfare of the College alike demand that the Council should not be overweighted with examiners. At present all the members of the Court of Examiners have a seat in the Council, and some of the members of the Board of Examiners. Any arrangement which would give examiners a preponderating influence in the Council would render nugatory the long-continued and praiseworthy efforts to make the Council as a governing body as far as practicable independent of the examiners.

MEETING OF THE GENERAL MEDICAL COUNCIL.

SUMMONSES have been issued for a meeting of the General Medical Council on Thursday, July 17th, at two o'clock, and of the Executive Committee at twelve o'clock the day before. It may well be supposed that in the present circumstances the ordinary work of the Council is almost necessarily in abeyance. The coming meeting is necessitated by the expiration of Dr. Acland's term of office, and the principal duty of the meeting will be to appoint a president. The Council can either elect a president from its own members, or from the outside. One easy way of making some room for representatives of the profession would be to abolish the power of the Council to go outside of itself for a president. An additional reason for this is in the fact that the Council always contains several men who would ably fill the chair. There never was a moment in the history of the medical profession when it behoved the Medical Council to exercise the utmost judgment and care in the selection of a president. The profession is dissatisfied; there is no sympathy between it and the Medical Council. The floodgates have been thrown open, and are threatening to open again, to admit into the profession all sorts of medically uneducated or ill-educated persons. The Medical Council, and the medical profession too, will lose their distinctly medical character if care be not taken. We want in these circumstances a "still strong president," who believes in complete and thorough medical education, and who will subordinate all political or personal feelings to the one end of promoting the efficiency of the Medical Council as the Council of Medical Education.

INQUESTS AND THEIR USES.

QUACK medicines still flourish, and we are informed of the death of a child last week at Nottingham, who was apparently killed by a dose of some soporific sold by chemists to keep children quiet. The case, as our readers, unfortunately, know well enough, is too common to comment upon specially; but Mr. M. Browne, the coroner, elected to make this case a text for an energetic address to the jurymen over whom, on this occasion, he presided. We commented only last week on an address delivered by the same officer some days previously, when presiding at the inquest on a woman who died apparently from continuous hæmorrhage. Mr. Browne is endeavouring, as we remarked before, to hold inquests under all circumstances whenever and wherever a person dies attended only by an unqualified practitioner. In the particular case of the child now before us, the coroner administered a reproof to the surgeon who gave the registrar a certificate, whereas, according to Mr. Browne, the certificate should have been declined, and the coroner communicated with. It appears that in Basford, a district recently annexed to the borough of Nottingham, there had been in six months no less than 38 uncertified deaths. We (without at all blaming the medical man in question) agree with Mr. Browne, that much useful and substantial aid might be given to coroners by medical men if they were in all cases quick to act in the manner indicated. But a tired country practitioner, dismounting from his horse, or descending from his gig, wet and tired, is not always in the best condition of mind or body to think inly as to the *pros* and *cons* of an important question, before giving the requisite certificate to an impatient messenger who has been waiting perhaps an hour or more, and who says that the deceased *must* be buried to-morrow, &c. We comment again on this subject, because it is very important just now that the coroner question should be kept prominently before the public. Its present condition is, as we have often indicated, most unsatisfactory. But, the Court well and discreetly organised, and subject to a high and proper imperial authority, should and would be as powerful for good as any judicial or semi-judicial court in the kingdom.

THE CAPE WAR.

ON Monday, in the House of Commons, Lord Elcho called attention to the provision made for sick and wounded in Africa. He said that, "rightly or wrongly, an impression prevailed in this country that, as far as depended on the Government, sufficient provision had not been made for the care of the sick and wounded in South Africa. It was believed that the amount of medical stores was inadequate, and that there was not a sufficient number of doctors and nurses." The Secretary of State assured the House that there was an ample staff of medical officers, and that in only one instance had there been a complaint of any deficiency in the medical stores. This was at the Lower Tugela, where, in consequence of an increased issue of quinine, probably as a prophylactic, the supply had run short. But this had been immediately made good, and there had been no demand whatever for additional medical comforts. He also stated that, by the latest returns, the sick amounted to only 5·76 per cent. of the strength. This is a very low proportion for troops that have been so long in the field and have undergone the hardships and privations which are known to have arisen from the difficulties of transport. From Colonel Stanley's statement, it appears that there are at present sixty-two military and naval surgeons serving at the Cape, nine more on their passage out, and thirteen under orders; and that there are thirty-eight civilian surgeons there, and two on their passage, exclusive of those employed locally. This makes a total of one hundred actually serving, eleven on their way to join, and thirteen under orders, and is above the proportion laid down by regulation for an army of 22,000 men—the strength of the force, including natives. Of the hospital corps there are nine officers and four hundred men, including those recently sent out, which ought to be sufficient for the duties required of them. These statements are very satisfactory, as showing that the Government has been fully alive to the necessity for making ample provision for the sick and wounded.

THE PARIS FACULTY OF MEDICINE.

THE chair of Therapeutics, vacant by the death of Professor Gubler, has been filled by the nomination of M. Hayem. This gentleman is the editor of one of the best French medical reviews, and is well known for his scientific work; but he would have been more specially fitted for the professorship of General Pathology, which he recently contested unsuccessfully against M. Bouchard. Some of the other candidates for the position which M. Hayem has obtained have been perseveringly writing themselves into a therapeutic reputation for years, and have certainly scattered far more ink in this direction than the

new professor. To ordinary electors this would perhaps have been an excellent title, but the Faculty of Medicine does not take such small matters into consideration. Its members are a body of many-sided men, and equally ready to lecture at a moment's notice, indifferently, on any subject. Thanks to the late Minister of Public Instruction, who granted a subsidy for this purpose, the Faculty of Medicine has been enabled to publish a new edition of Laennec's work upon Auscultation, which has long been out of print. This is intended as a national monument to the illustrious pioneer in physical diagnosis, and is to be sold at a low price in order to bring it within the reach of all. The volume consists of a thousand pages, and is well printed upon good paper. It is a reproduction of the second edition, the last published during the author's lifetime; and it has been thought right to add as little as possible in the shape of notes.

STAFFORD HOUSE SOUTH AFRICAN AID COMMITTEE.

SURGEON-GENERAL J. T. CARTER ROSS, who has recently retired from the Indian Medical Service after a distinguished career of over thirty years, has accepted the post of Chief Commissioner under the Stafford House Aid Committee, and proceeds by the next steamer to the Cape and Natal, with the object of ascertaining how and where the aid of the Committee is most required, and to give effect to their purpose of succouring the sick and wounded in the most judicious manner, without in any way clashing or interfering with the arrangements made either by the home or the local Government for the same purpose.

Surgeon-General Ross will take with him a colleague in the person of an assistant-commissioner, who is also a medical officer, and a certain number of trained nurses, whose services will no doubt be immediately called into requisition. He will have full authority to exercise his discretion as to the application of the funds already remitted to Lady Frere in behalf of the Committee, and generally will make such arrangements, always in strict accordance with the views and sanction of the military, civil, and medical authorities, as may seem best calculated to give effect to the objects of the contributors to the fund administered by the Stafford House Committee. Surgeon-General Ross's first duty will be to ascertain exactly the nature, and, as far as possible, the extent, of the aid required, and where and how real service can be rendered without interfering with the arrangements of the military authorities, and to send home by the earliest possible opportunity a report to the Committee on which they may frame their future proceedings. Mr. Ross's rank and high character as a medical officer of large administrative, sanitary, and executive experience, peculiarly fit him for this duty, and the Stafford House Committee must be congratulated on having secured the services of an officer so specially qualified to give full effect to their charitable intentions.

NAVAL NOTES.

THERE will be an examination of candidates for the Naval Medical Service at Burlington House in August, but the precise date is not yet fixed. We fear that the Admiralty must follow the example of their somewhat dilatory *confrères* at the War Office, and produce a new Warrant before the medical ranks afloat are likely to be filled up at all satisfactorily.

The *Army and Navy Gazette* reports that the ventilating arrangements on H.M.S. *Dragon*, at present stationed in the East Indies, are very bad, and that, as a consequence, the average sick-list during the passage down the Red Sea was about twenty men a day. But in what vessel belonging to Her Majesty (save and except the *Serapis* and her Anglo-Indian consorts) is it not bad? The late Dr. Edmunds and some two other surgeons have done excellent service in introducing (or rather trying to introduce) some material improvements in the sanitary arrangements of our fighting-ships. But we are not beyond the truth in declaring that when the lines of an ironclad, of the monitor, broadside, or any other class, are drawn, no one seems to think it worth while to make any special provision for the proper ventilation of the inhabited parts of the vessel. Is it not reasonable to suggest that an officer of, say, the status and ample information of Dr. Denis Macdonald, should be called in when the lines of a ship are being drawn by the constructors, in order to tender his advice as to the best way of ventilating the several parts, so that the sanitary arrangements may in this respect form part and parcel of the construction? It is, we believe, pretty generally acknowledged that if the men of H.M.Ss. *Devastation*, *Glatton*, and others of that class, were compelled to fight for two or three hours with closed hatches, and if the shafts from which the ventilating fans are fed were shot away, or blocked, the men would have to choose between being suffocated below or shot on deck. The authorities at Whitehall charged with such matters insist upon divising elaborate but costly and complicated schemes for forcing fresh air in, instead of drawing the foul air out, and leaving the vacant spaces to be filled up as best they may. Are they afraid of what Nature abhors? It would really seem so from the excess to which the "plenum" principle is pushed in ventilating Her Majesty's ships of war.

THE HERTFORD BRITISH HOSPITAL.

THE hospital which has been provided for the English residents in Paris by the munificence of Sir Richard Wallace stands in its own gardens, just beyond the line of fortifications, and at the beginning of the suburb of Neuilly, which during the siege was the scene of much hard fighting. It is stated that the building—which is from designs by Sanson, the well-known architect—has cost as much as £40,000; and it is certain that nothing has been spared by the generous founder to make the establishment as perfectly suited as possible for the object for which it is intended, and in every way worthy of the memory of the nobleman whom Sir Richard has sought to honour. The style chosen by the architect is Gothic, and he has certainly produced a most pleasing and elegant building. We shall reserve our detailed remarks, however, until we have had an opportunity of personally inspecting the institution. The medical officers are Sir John Rose Cormack and the Hon. Alan Herbert, M.D.

URBAN "ACCOMMODATION."

WE need not do more than refer briefly to a useful little report written by Dr. James Stevenson, the medical officer of health for Paddington, and published by that sanitary body, relative to what its members call "latrine accommodation for women in the metropolis." No one can deny that the lack of such convenience is a great defect in our sanitary administration. Some sort of improvement has lately occurred, but that is entirely owing to the multiplication of underground and other railway stations; for in this matter the District Boards of Works have done literally nothing, and no health officer, so far as we know, except the gentleman in question, has ever suggested anything. It may not be a particularly genial subject to write about or speak upon; but it is undoubtedly the duty of sanitary officers in general, and metropolitan officers in particular, to lay before the notice of the public such subjects in as savoury a style as is practicable. The temporary discomfort, misery, and sometimes agony, caused by the absence of such places, and the permanent injury induced, are known only to those who have experienced the evils. It has been suggested that, at various quarters of

the metropolis, small establishments of the kind required might by opened, and marked "Ladies' Cloak Rooms." A charge of, say, a penny should be made, which would undoubtedly cover all expenses of maintenance, and, we believe, give a fair profit. Such places might, we think, be legitimately organised and kept up by the District Sanitary Boards, in the same way as the public urinals are now managed. We commend this important subject to the attention of the respective authorities, and suggest that one of the West-end committees should set the example, that quarter of London being especially frequented by those who most need this kind of urban accommodation.

THE LAST ILLNESS OF THE PRINCE OF ORANGE.

WE are indebted to Dr. Aimé Martin for the following quite original details touching the last illness of the Prince of Orange, whom he attended. The Prince was ill altogether about eighteen days. The disease began in inflammation of the apex of the right lung, which never extended lower than the top portion of the central lobe. To this lesion were added, after a few days, symptoms of diaphragmatic pleurisy, characterised by oppression and intense pain in the shoulder. These symptoms disappeared, however, after about three days, and nothing was left but pneumonia of the right apex. Dr. Aimé Martin, as well as Dr. Dieulafoy and Professor Péter, who were called in successively in consultation, then began to look forward to resolution and recovery; but the Prince never made a good rally, and notwithstanding the administration of tonics and food, healthy reaction failed to take place. The Prince of Orange was in a weakened condition of heal when the attack began, and throughout its course the affection showed an adynamic form. The patient was obliged to lie almost continually on his left side, and there ensued hypostasis. Bronchitis also supervened; and, from its simple form, would have turned to capillary bronchitis, when the patient, who was expected to survive perhaps one or two days longer, died suddenly. The cause of this was embolism, as was discovered, during the embalmment, on opening the carotid artery. The Prince was only 39, and a gouty subject. One of the interesting features of the case was the observation of pulse and temperature, which were always exceedingly moderate. The temperature never rose above 39·4° (Centigrade) and stood commonly at 38·6°. The pulse at no time exceeded 124, and varied usually from 96 to 110 beats. The breathing never passed 44, and was generally from 32 to 36 a minute.

THE IMMUNITY OF RODENTS TO THE SOLANACEOUS POISONS.

PROFESSOR HECKEL, of Marseilles, has investigated the action of the solanaceous alkaloids upon the rodents with a view of ascertaining the conditions which determine the remarkable immunity to the poisonous effects of such alkaloids presented by these animals. The fact of the immunity has long been known in the case of the rabbit and guinea-pig, especially with regard to belladonna, and M. Heckel has shown that it is also possessed by several varieties of rats, and exists not only for belladonna, but also for the alkaloids of black and white hellebore, and of datura stramonium and tatula. The results which he has obtained show that the rabbit and guinea-pig may be fed for a long time with the leaves, and even with the roots, of the poisonous solanaceæ without detriment, and that the rat bears very well the addition of these vegetables to its ordinary food. The immunity of the rabbit and guinea-pig is so great that M. Heckel was able to bring up several generations on this food, giving them, during the summer, the leaves exclusively, and during the winter mixing dried powdered leaves and roots with equal parts of other food. He adopts the view of Bouchardat, enunciated long ago by Chatin with respect to arsenic, that the effect of the poisons lessens in proportion as animals recede in organisation from man. He believes, from further experiments, that the alkaloids of these poisons are destroyed as fast as they enter the blood. M. Colin, in the discussion on the report, was inclined to attribute the immunity of the rodents rather to the small solubility of the vegetable alkaloids, which need, for absorption, transformation into a soluble compound by the action of the gastric juice. In these animals the food rests a very short time in the stomach, and passes with great rapidity into the intestine, and the alkaloids pass away by the bowel almost unchanged. M. Chatin, however, doubted this explanation, on the ground that the alkaloids of the vegetables, although in themselves insoluble, are commonly so combined in the plant that they will dissolve readily. He believed that the immunity of the rodents depends on their peculiar organisation, and suggested, as an important subject for investigation, the precise point in the animal series at which the immunity ceases.

FLOGGING IN THE ARMY.

THE *Daily News*, commenting on the debate about flogging in the army, which took place at the House of Commons on Tuesday, refers to the fact that "in the old days as many as a thousand and twelve hundred lashes were inflicted. Men died under the scourge. Coroner's inquests were held, and declared death the result of too severe a flogging. In later days the condition of public opinion has come to be gradually more and more one of revolt against such barbarity." Our contemporary does not state, what it would be only just to remember, that it was mainly due to the exertions of the late Mr. Wakley, coroner for Middlesex, and member for Finsbury, that the lash was abolished. The famous, or rather infamous, Hounslow flogging case can scarcely have slipped out of memory. Nor can it have been forgotten how Mr. Wakley insisted on continuing the inquiry and carrying it to the extreme logical issue against all the obstacles thrown in his way. To this spirited policy, and the exposure to which it led, we owe the enlightenment of public opinion. The step taken on Tuesday is one in the right direction, and on the lines the founder of this journal was among the first, and the most determined, to lay down.

"PERSONAL FAITH."

THE Rev. Prebendary Cadman, in the course of an address to the lay helpers of the London diocese at St. Paul's Cathedral, on Tuesday, the 17th inst., alluded to the confession of faith penned by Dr. Tilbury Fox, some time before his death, for insertion in any obituary notice which might appear in THE LANCET. The Rev. G. T. Brown, Rector of St. Paul's, Wokingham, in a sermon preached last Sunday, also quoted the words we printed last week. The rev. gentleman was speaking of the need and value of personal faith in a personal God, and referred to the words of our lamented friend in enforcing his views. This is an epoch wherein it is undoubtedly desirable—we would go further, and say necessary—that men of science who are not utterly without belief in anything outside and beyond the materially evident, should possess the courage of their convictions, and speak out boldly. There is the world of difference between a parade of personal faith and making a "good confession." The one is contemptible, the other praiseworthy, besides being enjoined. There is a growing tendency to find excuse for reserve on these subjects in the vanity of affected beliefs and persuasions. No man can be pardoned for failing to make up his own mind on a matter of the highest concern

to human interests, and having formed a judgment for himself, it is due to his own sense of self-respect, and to the cloth he wears, to give, and stand by, his personal opinions.

THE ZULU WAR: GALLANT CONDUCT OF MEDICAL OFFICERS.

WRITING from the front, an officer describes the gallant behaviour of the military and civil surgeons attached to General Wood's column in the actions of Zhlobane and Kambula on the 28th and 29th March. He mentions the excellent service rendered by Drs. Jolly and Connolly, civil surgeons, who, in the retreat on the 28th, dismounted several times to attend to wounded men, at their own imminent risk, several of their stretcher-bearers being killed while conveying wounded to the rear. The field hospital at Kambula was so situated as to be exposed to a severe cross fire, and was several times struck by bullets during the engagement. Here, however, Surgeons O'Reilly, Brown, and Thornton, and Dr. Connolly worked away for hours dressing and attending the wounded constantly under fire. During the hottest part of the battle an amputation was performed by Doctors Brown and Thornton, while Surgeon O'Reilly, the senior medical officer in camp, personally directed the removal of wounded to the hospital. In the published official despatches of these actions, General Wood mentions "Surgeons O'Reilly, Brown, and the medical staff generally, as attending the wounded under fire," &c. We are glad, therefore, to receive further testimony and details of the excellent service and gallant conduct on the part of members of the Medical Department, military and civil.

THE GODARD PRIZE.

THE current number of *Le Progrès Médical* gives the full text of the report of the commission of the Anatomical Society of Paris awarding the Godard Prize (given biennially) for the years 1878–9. The report was presented at the sitting of the Society held on Jan. 10th, and is signed by MM. Malassez, Rendu, Berger, Budin, and Duret. Three works were sent in competition—viz., Lectures on Surgical Anatomy, by Mr. Chiene, of Edinburgh; a brief memoir on a Teratological Specimen, by Dr. Pasquet Labroue; and a memoir by M. Dejerine on the Lesions of the Nervous System in Diphtheritic Paralysis. The commission award the prize to M. Dejerine, whose memoir appeared in the pages of the *Archives de Physiologie*, and of which an abstract appeared at the time in the pages of our contemporary *Brain*. The ground on which the award was made is the originality and exactness of the researches detailed in the essay. They give an analysis of M. Dejerine's work, which they characterise as the outcome of extended preparatory study, and as requiring a considerable knowledge of the histology of the nervous system. The essay of M. Pasquet Labroue, although recording an interesting case of developmental anomaly, is considered not to be of sufficient importance for a reward intended to mark real scientific progress. Mr. Chiene's work is described as a succinct manual of surgical anatomy, clearly written and intelligently illustrated. Although useful for students of anatomy at the commencement of their studies, or on the eve of an examination, it cannot aspire to any scientific distinction. With pardonable patriotism the reporters go on to say that the book would not take high rank in their country, where the useful science of surgical anatomy arose out of the labours of Bichat, Vulpian, Baudin, and Malgaigne, and where, also, such complete and practical treatises on the subject exist as those of Richet, Tillaux, and the articles in the encyclopædic dictionaries; and they further add that without any doubt Mr. Chiene must be praised for having produced this work in England, which is "but poor in works on surgical anatomy."

ARMY MEDICAL OFFICERS.

THE House of Commons was the scene on Monday night of a very unseemly discussion. While the vote on the Army Estimates for medical establishments and services was under consideration, Mr. Parnell asked whether the Zulu wounded were treated equally with our own, and whether there was any instance of a Zulu being brought into a British hospital? Colonel Stanley, in reply, stated that "he could not say that he had seen in official documents any mention of wounded Zulu prisoners being treated in our hospitals, but he was perfectly confident that they would meet with every possible attention." It is so much a matter of course that all wounded, whether our own men or our enemies, are treated alike in our military hospitals that we should never expect any notice of this to be taken in official reports. But Mr. Parnell was not contented with this assurance of the Secretary of State, and reverted to the subject in such terms, insinuating rather than directly charging cruelty and neglect on the part of the medical officers, as brought down upon him the indignation of the House. Colonel North "observed that the statements as to medical officers of our army having acted cruelly towards Zulu prisoners was so foreign to the character of our army medical officers—many of that class having lost their lives in assisting wounded men belonging to the enemy—that he thought it was unfair for the honourable gentleman to make the charge he had without stating a particular case." He was backed in his remarks by Sir A. Lusk, Dr. Lush, Colonel Stanley, and other members, while Mr. Parnell received support—and of a very feeble kind—from one or two members only. Colonel Stanley said, "that if honourable gentlemen, in their responsible position as members of the House, would send him any statement which they fairly believed to be authentic in regard to these cases, he wished to say, once for all, that he would forward them in order that they might be made the subject of inquiry and report. But he would not be the means of either directly or indirectly throwing broadcast on a noble body of men the unfounded, and he had almost said the foul, aspersion which had been referred to to-night." With this statement, which was received by the House with marked approbation, the medical officers of the army may well rest satisfied, and may leave to the contempt they deserve the authors and supporters of these disgraceful charges.

DIAGNOSIS OF FEVERS.

IT is quite time that "typhus" ceased to be used as a generic term for all continued fevers, and we therefore take the strongest exception to the use of the word in that sense in the annual report on the health of Liverpool in 1878, lately issued. Dr. Taylor reports that 375 deaths were referred to "typhus and infantile remittent fever" within the borough of Liverpool during last year; those deaths were 165 below the average number in the ten preceding years. There is no disguising the fact that the term typhus is still sometimes used in this general and now misleading sense by practitioners, a fact due probably to some extent to its having been so employed by the Registrar-General during the first thirty years of civil registration. Since 1868, however, continued fevers have not in the Registrar-General's annual reports appeared, as previously they did, under the single heading of typhus, but have been returned under three headings, in accordance with the wording of the medical certificates of the certifying medical practitioners. It is scarcely necessary to mention that these headings are typhus, enteric or typhoid (including gastric and infantile remittent), and simple continued fever. Under the last heading are classed all those fatal cases certified as low fever, brain fever, febricula, or indefinitely as continued fever, or fever. It is most undesirable that in any mortality statistics the use of the word

typhus should be resumed as a generic term for all continued fevers. It appears that the 375 deaths referred to "fever" in Liverpool last year included 155 from typhus, 183 from enteric, typhoid, gastric, or infantile remittent fever, and 37 from fever indefinitely described. It would be interesting to know whether Dr. Taylor, the medical officer of health, has any good grounds for forming an opinion how far the 155 deaths referred to typhus in Liverpool last year may be accepted as fairly representing the number of fatal cases of true typhus, or whether in any large proportion of cases the word typhus has been used by the certifying medical practitioners in the generic sense adopted by Dr. Taylor in his report.

"BEARDS IN THE ARMY."

IT is not obvious why, except for the red-tape reason that uniformity must be a primary consideration, those men whom nature has provided with a beard should not wear it in the army. As a general rule it may be inferred, from the fact that an individual has been supplied certain appendages, that he requires them. The beard is no exception to this proposition. Women are not intended by nature to undergo the same amount of exposure to rough winds and weather as men, and they are not naturally protected about the mouth and throat. Men differ among themselves as to the extent of the requirement. Some are without beards, and it is fair to presume that these are as well or better without them, but those who are thus provided ought certainly to be allowed to wear them, and the prohibition which deprives the throats of the great majority of our soldiers of their natural covering, is clearly an offence against the laws of nature. The absurdity of the regulation which interdicts the wearing of beards is manifest, because it is, practically, only at home, and for the sake of appearance, the men are compelled to shave. On active service abroad beards are worn. How infinitely ridiculous, then, the rule that prohibits them at home. The spirit of red tape could scarcely take a more puerile form, unless it insisted on a particular pattern of nose or regulation cheeks to ensure that "beautiful uniformity" which the military instinct regards as the highest development of excellence, and above which the enterprise and judgment of administrative authority seldom aspire.

STATISTICS AND UNQUALIFIED PRACTITIONERS IN AUSTRALIA.

IN consequence of some critical remarks relative to Australian vital statistics (official) that appeared in THE LANCET several months ago, we have received from Queensland (to which, by the way, the statistics mainly referred) many letters, all of which endeavour to show that the district contains a very large proportion of unqualified persons who are permitted to practise, and whose death certificates, &c., are received officially. So that, according to the arguments of most of our correspondents, the certificates being unreliable, so are the statistics from which they are in many cases compiled. This fact we do not, of course, attempt to deny, and may take the opportunity of sympathising generally with medical men in Queensland as to the present unsatisfactory state of things. But we may assure them in all sincerity that their case, though hard, is by no means singular. In the old country, as in her offshoots, quackery is rampant. It would be difficult even to guess at the incomes earned by such people at the west as well as the east end of the metropolis—men who prey upon the ignorant and the nervous susceptibilities of the rich as well as the poor, and, so to speak, steal guineas from Brook-street, and shillings from Whitechapel. The best remedy, as regards Queensland, for this state of things is to establish a good colonial university, get its diplomas recognised in the United Kingdom (as we have always maintained really good diplomas should be), and in the interim establish a Defence Association that shall be furnished with funds sufficient to prosecute men who overstep by ever so little the legal boundaries. If manslaughter or anything approaching to it could be brought home to one of these quacks, a great and practical good would be accomplished. Meanwhile, we must hope that enough legitimate practitioners exist in Queensland to make, as in the old country, vital statistics officially compiled fairly trustworthy. We at home must have some sort of statistical anchorage whereon to found our criticisms and opinions, and, in New Zealand, at all events, as well as in Canada, it is within our knowledge that analogous documents are compiled with great care, industry, and energy. But if the Colonial Office or "some one" could persuade—or, if need be, compel—the various colonial authorities to compile these figures according to one standard type, great would be the rejoicing among unhappy journalists and contributors of all grades compelled to pick out the grains of fine wheat from the cartloads of chaff and straw. The work is Herculean in proportions, and intensely exhausting.

SURGEON-MAJOR REYNOLDS AND THE VICTORIA CROSS.

WE are glad to see that justice has at length been done to Surgeon-Major Reynolds, on whom Her Majesty has been pleased to confer the Victoria Cross for the conspicuous bravery during the attack at Rorke's Drift on the 22nd and 23rd of January, 1879, which he exhibited in his constant attention to the wounded under fire, and in his voluntarily conveying ammunition from the store to the defenders of the hospital, whereby he exposed himself to a cross fire from the enemy both in going and returning. We cannot but regret that this honour has been so long delayed through the omission of the General Commanding at the Cape to make the necessary recommendation at the time when he brought forward the names of the two combatant officers.

THE PARKES MUSEUM OF HYGIENE.

THE Home Secretary will be influentially supported on June 28th, when opening the Parkes Museum. Among others who will be present we may mention Earl Fortescue, Lord Cranbrook, Sir Thomas Watson, Professor Huxley, and the Mayors of Cambridge, Southampton, Salford, and Welshpool. The museum comprises an area of 3500 square feet, independently of the library, and this space will be quite filled by the day of opening. The progress made during the past few weeks justifies the assumption that the committee will succeed in making the museum a national institution of no mean importance. Communications may be addressed to the Curator, Mr. Mark H. Judge, University College, London, W.C.

SANITATION IN SURREY.

THE *Surrey Advertiser* reports what is to us a very natural practical sequence of some remarks that appeared in THE LANCET several months ago. The sanitary inspector of Addlestone Village has recently made a "further inspection" of the drains connected with the Homes. He finds at the present time there are three distinct pipes discharging sewage matter on to a field in the immediate vicinity of the buildings, "forming two huge beds of thick black offensive sewage; one of these beds is some twenty yards by four, the other ten yards by three." Our contemporary closes the paragraph by remarking that "the inspector was directed to take the necessary steps in the matter." We refer our readers to the columns of THE LANCET of December 21st last, and some correspondence that followed, and we shall be curious to know what "steps" will be considered neces-

sary. Gratuitous advice is seldom appreciated, and is not in this case necessary, for, as we remarked before, the district is provided with a very able and energetic medical officer of health, whose efforts are well supplemented by those of Mr. Durrant, the sanitary inspector.

SUCCESSFUL OVARIOTOMY IN NEW ZEALAND.

DR. A. TINLING THOMSON, of Dunedin, Otago, New Zealand, sends us notes of a successful case of ovariotomy performed by himself, with the assistance of Drs. Yates and Bachelor. Though the case does not differ from the run of successful ovariotomies, so as to call for publication in full, it is gratifying for us to know and to record that so important an operation is done successfully in our colonies. It is one thing to do such operations in London or Edinburgh with all the sanction that Wells or Keith or Thornton can give, and perhaps with their assistance, and quite another to do them in remote dependencies of the empire. We believe this is not the first or the second time the operation has been done in New Zealand.

CHOLERA IN INDIA.

WE regret to notice that by the last mail from India cholera was on the increase. At Mian Mir, the 68th Light Infantry, having had several men attacked, had been placed under canvas, and were spread about in several camps. Fatal cases have occurred amongst native followers at Ali Musjid, Dakka, and Jellalabad, in the Khyber. At Peshawur seventy-six natives died in the city in one week, and the disease prevails more or less in most of the villages and towns in the Punjab and North-West provinces.

NURSES FOR THE CAPE.

THE War Office have despatched Mrs. Deble, the lady superintendent of nurses at Netley, with six trained nurses from the Royal Victoria and Herbert Hospitals. The party sailed on Thursday, in the Cape mail steamer *Duart Castle*, and on arrival will be employed in the field and base hospitals.

DR. TILBURY FOX was buried at Willesden Cemetery, at 12 o'clock on Saturday, the 14th inst. In addition to the members of his own family the funeral *cortège* included many professional brothers, who had come to show their last tribute of respect to a colleague and a friend. Among those present we noticed Mr. Christopher Heath, Dr. R. D. Harling, Dr. F. T. Roberts, Mr. Harry Leach, Mr. Marcus Beck, Dr. Poore, Dr. Radcliffe Crocker, Mr. Lawson, Dr. Walter Smith, and Mr. Hyde Hills; Dr. Garrod also sent his carriage.

WE have again this week to report the death of an army medical officer, Surgeon Frederick De Caux, A.M.D., having died of cholera on the 19th May at the camp, Chunga Munga, Punjab. Mr. De Caux obtained his commission in August, 1877, and is the second medical officer who has fallen a victim to the disease which is now prevailing in Bengal.

THE Twenty-third Report, for 1878, of the Lunatic Hospital for the county and town of Nottingham, "into which patients are received who, not being paupers, are unable to pay the whole expense of their care and maintenance," lies before us. Dr. W. B. Tate, the physician superintendent, reports that the institution has been very full. On the 1st of January, 1878, there were in the hospital 67 patients, 32 males and 35 females. The admissions for the year numbered 17, 7 males and 10 females, making a total of 84 cases under treatment during the year. *No* patient has been restrained, and only *one* secluded, during twenty years. This fact speaks well for the system adopted, and should induce the friends of the institution to increase its efficiency, as the physician superintendent recommends, by adding to the number of single rooms, and generally making better provision for the treatment of acute cases. There is, of course, great difficulty in providing employment for patients above the rank of paupers; but some of the expedients in force at a few of the best hospitals—for example, the West Riding Asylum at Wakefield—might with advantage be adopted here. The work of the last nineteen years and a half at the Nottingham Hospital has been good, the total number of *cases* being 423, of which 45 were re-admissions; 147 have been discharged recovered—that is, 34·73, a fair percentage, on the total number under treatment, looking to the age of the hospital.

A CORRESPONDENT writes:—"At the Westminster Hospital, Mr. George Cowell amputated at the right hip-joint on June 17th. The bleeding was controlled by Davy's lever, and the amount of blood lost was under one ounce. Seven amputations have now been performed by this method, and the total amount of blood lost in the seven cases is under fourteen ounces."

THE Medical Officer of the Local Government Board, Dr. E. C. Seaton, has resumed his work in Whitehall. We understand that he returns to his duties much benefited in health by the leave of absence which was granted him at the beginning of the year.

PROFESSOR HUXLEY has been elected a Corresponding Member of the Academy of Sciences in the section of Anatomy and Zoology.

MEDICAL REFORM.

THE Select Committee of the House of Commons appointed to consider the Medical Act (1858) Amendment (No. 3) Bill sat on Monday last for the purpose of taking evidence, the Right Hon. W. E. Forster presiding. The other members of the committee are Dr. Cameron, Mr. Dalrymple, Mr. Errington, Mr. Goldney, Lord G. Hamilton, Mr. Mitchell Henry, Mr. Heygate, Sir T. Lawrence, Dr. Lush, Mr. A. Mills, Dr. L. Playfair, Mr. D. Plunkett, Serjeant Simon, and Mr. Wheelhouse.

Dr. ACLAND, *examined by the Chairman.*

I am the President of the Medical Council, and have been so for five years. I have been in the Council for twenty years, since its formation. I was first appointed by the University of Oxford, and was their member until I was elected President. The Council was constituted in 1858; previous to that there was nothing at all corresponding to the Council. The different bodies had then no bond of union. The Council is composed of members selected by every university and corporation in the kingdom, eleven for England, six for Scotland, and six for Ireland. The universities send eight representatives, the corporations nine, and six are nominated by the Crown. The President is chosen by the Council, and may be either a member of the Council or not. If he were chosen by the Council out of their number, his place would be filled up. When Dr. Paget, who had represented Cambridge, was elected President, his place was filled up by Professor Humphry. In my own case I have represented Oxford three times, and my place was filled up by Dr. Rolleston. One of the duties, and it may be stated to be the first duty, of the Council was the compilation of a Register, containing the names of every practitioner in the United Kingdom. Until the formation

of the Council there was no authorised Register at all, but there were published Registers of all different bodies. There has not been much alteration in the mode of publication since 1858. The form is the same as in 1858, with very little variations of the type or otherwise. The next duty would be the publication of a Pharmacopœia. Up to that time there were three pharmacopœias—one for England, one for Scotland, and one for Ireland, which led to a great deal of confusion, and one might say risk, in the composition of medicine. The first Pharmacopœia was brought out as rapidly as possible; it was a much more troublesome undertaking than would be supposed, because several interests had to be considered. Additions have been made from time to time, and altogether over 50,000 copies have been sold. With the assistance of skilled pharmacists the Pharmacopœia was constructed, and when once it was constructed it became the property of the Medical Council, and was the national Pharmacopœia. New additions are issued as seem to be required. We have what is called a Pharmacopœia Committee, of which Dr. Quain is the chairman. It is a small committee now, with members, I think, both from Scotland and Ireland. The third great duty, which in some respects I consider the chief duty, was the superintendence of examinations. There were nineteen licensing bodies, and the examinations either were, or were reported to be, very diverse in character and severity, and one of the first functions of the Council was to ascertain the condition of those examinations. They employed visitors, who generally were members of the Council, accompanied by some other distinguished person. Those gentlemen visited all the examining bodies, and their reports have been published. The visitors were present at the examinations, saw the papers, and attended the oral examinations. I cannot say that no difficulty ever occurred about the visits, because the powers of the Medical Council under the Act of 1858 are really very limited. They may require information, and to a certain extent pass judgment, but substantially there was no difficulty. I may illustrate what I mean by stating that at Oxford a difficulty was suggested as to whether it was right of persons not members of the University to carry away with them to London the answers of candidates. Practically, however, we found no obstacle put by any of the examining bodies to our carrying out the 16th section. Every examination has been visited. At any time it was thought desirable the Council would revisit any one or all of the bodies, but it is an expensive and troublesome operation, and one which should not be unnecessarily performed. There has been so much question raised with regard to legislation and what is technically called a conjoint scheme, and generally as to all the details of the Medical Act, that a good deal of work of that kind has hung fire. If it had not been likely or possible that there would have been a system of conjoint examinations established in the whole country, I dare say the visitations would have been more frequent. When the reports were received from the visitors they were referred to a committee for discussion. That committee drew up a report, which was submitted to the Council, which thereupon sent down its opinion to each body separately, and to all the bodies for their general information.

The CHAIRMAN.—Speaking from your own personal knowledge, what is your opinion with regard to those examinations? Do they or do they not show that there is much difference in the examinations by the several bodies?

Dr. ACLAND.—Some of these bodies only give a surgical and others only a medical qualification. Either of those admits the successful candidate to the Register. Some bodies, no doubt, aim at giving merely minimum examinations, while others, as the London University, aim at what may be called an honours standard. I would observe that the Medical Council is not to discuss the question in regard to examinations for higher qualifications; the Act requires it only to settle what is the minimum qualification to practise.

The CHAIRMAN.—I see, by the 19th section, you are empowered to sanction a combination of any two or more of the colleges or bodies in the United Kingdom; has that brought upon you any work?

Dr. ACLAND.—In Scotland there has been such a combination on a limited scale. In England it has been attempted to combine all the examining bodies into one board, and I believe I am correct in saying it has also been attempted in Ireland; but it has never been completely done either in England, Scotland, or Ireland. The scheme in England is still in abeyance. There have been seventy conferences on the subject. The University of Cambridge gives licences in both medicine and surgery, but Oxford only gives an M.D. licence, the reason being that it was believed a few years ago that the great object of the legislature was to diminish the multitude of different licences. Besides surgery and medicine there is an examination in midwifery, and now examinations are being instituted in dental surgery and dentistry. The examination in midwifery is always attached to an existing licensing body. With regard to the combination of bodies in Scotland, "the Council has sanctioned the conjunction, for the purpose of examinations, of the Royal Colleges of Physicians and Surgeons of Edinburgh, and a like conjunction of the Royal College of Physicians of Edinburgh with the Faculty of Physicians and Surgeons of Glasgow; and examinations by these bodies have, for nearly twenty years, been conducted in accordance with that sanction." In further explanation I may add that, "the Council can only give its sanction and direction to proposals for union which may be submitted by any of the authorities. The Council is not required or authorised to take the initiative or make any proposals, still less is it empowered to enforce them." The combining bodies are able to give a separate qualification besides the combination qualification. In Ireland the Council "has sanctioned a like conjunction of the University of Dublin, the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland; though that has not been carried out." In England it was generally felt a great many years ago that as a national question it was extremely desirable to diminish, if possible, the number of examinations, and that a national examining board should be formed. A combination was ultimately agreed upon between all the universities and corporations, and the Society of Apothecaries. They agreed that they would not in any case give a licence to practise to any person connected with them who had not passed the combined examination. The scheme has been all but finally agreed upon. The carrying out of such a scheme is a very difficult and intricate operation. We should have to elect nearly one hundred examiners, and there are questions concerning payments, the subjects of examination, and so forth. These details are of course the subject of debate; and after they have been agreed upon by a committee of reference in London it is competent for any one of the bodies to raise an objection to any item. I may, however, venture to give it as my opinion that there is no detail unsettled which need take more than five minutes to settle. I am unable, as President of the Medical Council, to say whether or not, without any fresh Bill, the conjoint examinations could be secured. The only answer I can give officially would be what has been resolved on by the Council. Personally I have no hesitation in saying that I think the only reason why the conjoint scheme has not been already in operation is the uncertainty that has prevailed as to what the course of legislation will be.

The CHAIRMAN.—But supposing the Council and the medical bodies generally were satisfied that there was going to be no legislation, do you think that you would be able of yourselves, with the assistance of the profession, to get this examination?

Dr. ACLAND.—We should be able without doubt. The conduct of examinations by the universities and corporations conjointly is an extremely troublesome and difficult thing, and if they thought there was likely to be no change at all they would probably discharge their duty to the best of their ability.

The CHAIRMAN.—The expectation of change has been rather a stimulus to them towards agreement.

Dr. ACLAND.—I suppose that must vary very much in the different bodies or the persons representing them. In the University of Oxford it was always the opinion that the Conjoint Board was desirable for the nation, and they wished to further it, but I cannot say that that has been the opinion of every body. It has been my opinion, and is the opinion of my university now.

The CHAIRMAN.—Can you tell us what are the objects you have endeavoured to arrive at by your recommendations?

Dr. ACLAND. — I will state that very shortly. With your permission I will hand in a plain statement. It is shortly this: that the Council has felt strongly that it was instituted to look into the whole subject of preliminary and general education, of scientific education, and of practical

education, and, as far as possible, into the means for acquiring adequate instruction in each of these three things; and, therefore, they have issued recommendations concerning what they thought was absolutely requisite in the system of education. As regards various branches of the scientific portion of medical education, and also with regard to the details of professional examination and in reference to general education, they will accept no certificate from any university or examining body unless they can testify that the student for which it was furnished was examined on certain subjects; and perhaps it will not be going too far if I say that, upon the whole, in the early years of the Council they felt strongly that one of the departments of most consequence for the future of the Medical Council was attention to general education, and it is still of opinion that further powers, if necessary, should be given to enable it to thoroughly extend the question of general education. The discussions concerning each one of these departments—the general, scientific, and professional—have been most elaborate, and reports have been issued on each one of these departments. Of course the list of the subjects on which the Council have given recommendations are very short.

The CHAIRMAN.—Do you exercise any judicial functions?

Dr. ACLAND.—Yes, under Section 29 of the Act. Action has been taken in a certain number of cases. We have a list of the persons whose names have been so removed, but I think it is not desirable to hand them in. The names of those persons were judicially removed for various offences. There had been twenty-six up to 1877, and there have been one or two since.

The CHAIRMAN.—What is the meaning of "infamous"?

Dr. ACLAND.—Every individual case has, in fact, been tried by the General Council, and it has been advised that the Council cannot delegate that function to a smaller body, therefore it is a very serious function, although one we have not to exercise very often. In the case of a felony we take the judgment of a court of law, but in a case of professional misconduct it is different.

The CHAIRMAN.—I mean to say that infamous conduct in a professional respect does not include any incompetency.

Dr. ACLAND.—That case I think has never been referred to us. Any case of incompetency is tried in a court of law. I may give as an instance that some time since two cases of drunkenness were referred to us by one of the Government departments.

The CHAIRMAN.—The case you would inquire into was a case of drunkenness preventing the proper performance of professional duties?

Dr. ACLAND.—Certainly, and that was the sort of case we were referred to by the Government to decide.

The CHAIRMAN.—You are also instructed to do something towards carrying out the Dentists Act.

Dr. ACLAND.—Yes; under the Act of last year. It gave us the duty of superintending the education and regulating the affairs of practitioners in dentistry in their special department, and we are now engaged in carrying that out. We are carrying out the same legislation with respect to dentists as we are with regard to medicine and surgery generally. From time to time there are other questions referred to us by the Government, of which I will give you one illustration—namely, the question of colonial and foreign practitioners—that is, the question of English practitioners in foreign countries and foreign practitioners in this country. The departments of the Government have referred special instances to the Council. I will note particularly what is known as M. Marvaise's Bill, which provides that any English practitioner will be able to practise in France without being re-examined in France; and that naturally has given rise to anxiety, not only to the profession in France, but also to our own countrymen.

The CHAIRMAN.—There has been a somewhat similar subject referred to you in regard to Canadian legislation?

Dr. ACLAND.—Yes. At first sight it would seem strange that the Council of Education should have questions of this kind referred to them; but one also sees that it is only natural that the Government of the country should refer to the body which licenses the profession.

The CHAIRMAN.—But you have designated yourselves "The Council for Education"; and that means you consider your primary principle—your *raison d'être*—is that you have to do with the education of the profession?

Dr. ACLAND.—And registration. Registration may be said to be the pass degree of foreign education. I am not aware that any questions as to State remuneration and State employment are referred to the Council. In regard to vaccination, we have only had to do with it in respect to conducting examinations as to the qualifications of the vaccinators, but not with regard to vaccination as a subject of general State administration. The question of compulsory vaccination has never been referred to us.

The CHAIRMAN.—Now, a question which occupies a good deal of attention is as to the proper provision and condition of vaccine virus.

Dr. ACLAND.—As I said, the questions referred have been in respect of education and examination—that is, the qualification of the examiners and the vaccinators.

The CHAIRMAN.—Then there is another question in reference to the Contagious Diseases Act?

Dr. ACLAND.—I do not think it has ever been mentioned. Every now and then stray subjects are put down on the agenda of the Council which are not discussed. There is a tendency, no doubt, to press some subjects on the time of the Council which really have nothing to do with it. I do not wish to express any opinion at present whether they ought or ought not to consider them; but meanwhile they are not in the Act, and a great part of the time of the Council has been occupied of late years in the discussion of those questions. We do not issue any formal reports, but we publish in the minutes those subjects which require publication. We have to present our accounts annually, at the beginning of every year, and we are required by Act of Parliament to issue a Register of qualified practitioners, and we also publish a Register of Medical Students. We have no fixed times of meeting; the President summons the Council as often as he thinks there is work for it to do, but not to summon it unnecessarily. Our quorum is nine. The whole of the Council—that is, the General Medical Council—can only perform its functions as a General Council when summoned as such. Besides that, there is in England, Ireland, and Scotland, a separate Council, which may be summoned for the discussion of matters which affect only local questions; but neither the English, Scotch, nor Irish Councils can perform any function on behalf of the General Medical Council.

The CHAIRMAN.—In regard to this home rule, as it may be called, what are they able to do? Do they alter the Register specially for England, Scotland, or Ireland?

Dr. ACLAND.—A Register has to be kept in England, Scotland, and Ireland, and those three combined constitute the Register; therefore all the copies of England, Scotland, and Ireland have to come up to the central office. The business conducted by the local societies is that of local questions affecting the students. The General Council may delegate its functions in the case of examinations to the Executive Committee, and has done so. This Executive Committee has to carry on the work of the Council at all times when the Council is not sitting; and when the Executive Committee is not sitting, it is the duty of the President to do so, otherwise the business of the Council would be at a standstill. We call each day a session of the Council when all the members meet in London. The Council itself is represented by the Executive Committee, which consists of four members from England, one from Scotland, and one from Ireland, and the President; and without the existence of the Committee I do not think the business of the Council could by any possibility be carried on. It rests with the President whether he will undertake a certain responsibility himself of summoning the Council, which costs £400 a day, or the Executive Committee, which costs £80 a day. Provision is made for the payment of the sittings and the expense of the publications and printing, &c., by the fees of the students. Each student pays twenty-five guineas on becoming a member of the medical profession. By Act of Parliament, the President may be a layman. He never has been, but there is no reason why he should not have been, excepting the votes of the Council. It is a remarkable thing that is not generally known, that it is only the licensing bodies that can send a registered practitioner; but the universities may send any person they choose. Professor Rolleston is a registered practitioner, but he is not sent as such. Practically, neither the Crown nor any elective body have sent in any gentleman who is not a registered practitioner.

The CHAIRMAN.—Do you think the Council needs any alteration?

Dr. ACLAND.—It would be very difficult to say, I suppose, of any administrative body that it would be impossible

to improve it. Of course the Council might be altered by having a larger number of members, or by having the same number differently appointed, or by having a smaller number. If I were asked, after the experience I have had of the Council generally, whether it would materially alter its workings if it were decreased to twenty, I do not suppose it would. I think it is only a question of internal administration. The Crown nominees have always been eminent persons. The Crown appoints its nominees for five years, with the power of renewal. The universites vary, but they are all for a term of years, with the power of renewal.

The CHAIRMAN.—It has been proposed to change the constitution of the Council; and I suppose the principal proposal has been one for direct representation. Can you tell us when that proposal was first made?

Dr. ACLAND.—I do not know when it was first made, but I think it was prior to Lord Ripon's Bill. The proposal has not been adopted by the Council, but it has been submitted to it this year, and is on the minutes. I do not think any resolution was come to in regard to it. My opinion is, that practically decreasing the number of members of the Council would not add anything to the force and benefit they give; whereas, on the other side, I cannot say that it would work better or very differently from what it does by the addition of six members.

The CHAIRMAN.—Independently of the question of members, do you or do you not think it would be an advantage to have on the Council members elected directly by the profession?

Dr. ACLAND.—I think that is a question which concerns the Government and the Legislature, and one on which I professedly have very little opinion. Whether it would be the better way to have a general election by 22,000 practitioners every two or three years is, I think, a perfectly national question. I do hold this opinion that, supposing those persons had been elected from the medical profession for five years, considering the vacancies that would occur by death, or resignations, or otherwise, I do not think it would be an advantage to the profession in any sense. It would be no advantage to the Council. It would only send in six persons, who might be as excellent and valuable members as any of the others; but the introduction of the system of elections in that manner would not, I think, be any advantage.

By the CHAIRMAN.—The income of the Council is scarcely adequate to defray expenses. If the Council meets often and has increased work, and the same fees are obtained as at present, the income would not be sufficient. Many members of the Council desire that either the General Council should have no payment at all or a very small amount of payment. We publish a balance-sheet every year and send it to the Government.

The CHAIRMAN.—Do you yourself think the functions of the Council ought to be enlarged?

Dr. ACLAND.—At present I think its educational functions and those generally assigned to it under the Act are those which are of the most service to the profession and the country.

The CHAIRMAN.—I suppose you consider your responsibility extends to recommending good general education as well as scientific education?

Dr. ACLAND.—Yes; which means interference with the university studies.

The CHAIRMAN.—Does the Council as a whole work in harmony with the several licensing bodies and representatives in England?

Dr. ACLAND.—Oh, entirely. The Government Medical Bill has been much discussed by the Council, and certain resolutions have been drawn up and forwarded to the proper quarter. [The resolutions were handed in to the chairman.] The resolutions for these amendments were passed in the Council at the time the Government Bill left the House of Lords. I am not prepared at this moment to say exactly to what extent the amendments have been carried out, but generally they have been. The Bill in several particulars was changed as it passed through: some amendments were accepted and some were not; but it would be quite useless to go into them now. One considerable change in the Government Bill is that there is to be a Conjoint Body established in Scotland and Ireland, and the Council affirmed the principle of the Conjoint Scheme by a majority of 14 against 10. The minority were all either Scotch or Irish representatives.

Examined by Dr. LYON PLAYFAIR.

Dr. LYON PLAYFAIR.—In England the three teaching universities give 3 per cent. of the qualifications, the teaching universities of Scotland give 36 per cent., and the teaching universities of Ireland 30 per cent.; now, do you think it fair that the University of Durham, for example, teaching and qualifying very few persons, and Oxford and Cambridge also only qualifying a few, should each have one representative, while Edinburgh, with a thousand students, and qualifying a great number, should only have half a representative?

Dr. ACLAND.—I have to consider whether I should answer that as a medical practitioner, as a member of the Council, or on public grounds. The principle upon which the Council was constructed, as I understand it, was taking the existing universities and corporations of the country, and giving to each of these bodies a single member.

Dr. LYON PLAYFAIR.—Did the Scotch universities get a single member each like English universities?

Dr. ACLAND.—They did not. Why that was so arranged at the time I do not know. If you say that the universities are to have representatives according to the number of students or graduates, that is altogether a different thing. The principle of giving a member to each of the universities was not completely carried out in the Bill as regards Edinburgh and Aberdeen, and this has led to considerable inconvenience.

Dr. LYON PLAYFAIR.—Is it not a curious fact that the universities of Scotland, which last year gave 210 licentiates to the profession, have only two representatives for the four, whereas the universities of England, which altogether gave 44 licentiates to the profession, have four representatives?

Dr. ACLAND.—Yes; but then I do not know that my judgment on a matter of principle of that kind is worth anything, and I should have great difficulty in making up my mind about it. I rather demur to the term "representative." I have always looked upon the Medical Council as a body that was constituted of members who were elected by certain public institutions for a national purpose, and I do not think it desirable that we should slip into the idea that those persons go to the General Council as representatives of particular interests. They represent the interest of the whole nation, and the Council is essentially a General Council for a common purpose. When I represented the University of Oxford, if I had wished not to be re-elected, I could have adopted no better way to obtain that result than by doing something publicly in the Council by which it could be seen that I preferred the interest of the body that sent me to the interest of all other bodies. That would have been very dissatisfactory to my constituents, because they regarded the General Council as constituted for a common purpose. I do not know for what particular reasons the two Governments who were engaged on the Bill made those special arrangements for Scotland. I do not see any justification for it now, and I will go a step further, and say that I think that if the principle of giving votes to individual bodies is to be preserved, there is no doubt that the practice of tying up Edinburgh, which has one of the most important schools in the empire, with another body cannot be entertained. I really do not know that there is a considerable demand throughout the country for direct representation on the Medical Council. A great deal has been said about it, and large numbers of names have been affixed to petitions on the subject, but I do not know what the real conviction of thinking men in the profession is as to the best way of conducting the medical education of the country. I have taken no particular steps to ascertain it, because there were many other people engaged in the matter. Everyone knows that on a subject in which it is represented that the masses are ill-treated it is very easy to get hundreds and thousands of signatures.

Dr. LYON PLAYFAIR.—Is the general practitioner of the country fairly represented on the Council?

Dr. ACLAND.—I should very much like to know what member of the Council would rise in his place and say that he was indifferent to the interests of students or practitioners.

Dr. LYON PLAYFAIR.—Eminent consulting physicians and surgeons rarely practise midwifery. Do not you think that if the general practitioner was represented on the Medical Council he would demand that more time should be given to the teaching of midwifery than three months?

Dr. ACLAND.—I am not aware of any case in which any

improvement in education has been suggested to the Medical Council by any person or persons whatsoever without being seriously considered, and I know that it is the opinion of many persons that it is very undesirable that anything like specialties should be represented on the Council.

Dr. LYON PLAYFAIR.—If you have this Conjoint Scheme, one of the clauses of the Act is that uniformity as nearly as possible is to be established in the three kingdoms. A majority of the Medical Council have approved of the scheme for a three months' course in midwifery, but in Scotland and Ireland a six months' course is considered necessary. If you establish uniformity on the basis of the three months' course you would very much lower medical education in Scotland and Ireland with regard to that subject, and the question is, if you had a more general representation of the medical profession might you not form different opinions from what you do now.

Dr. ACLAND.—I really very much doubt it. I must look at this matter from a large national point of view, and I cannot doubt that any subject of this kind that is pressed upon the attention of the Council from without will have the fullest consideration. After this examination now, this matter will assuredly be reconsidered. I have it from you that that is a ground of dissatisfaction with the Conjoint Scheme. Well, the Medical Council meet next month, and I undertake to say that this subject will come before the Council, and it will be represented to the authorities in England that in that respect their course of education is inadequate. It does not require a general practitioner to do that. But there are general practitioners on the Council—Dr. Fergus and Mr. Teale.

Dr. LYON PLAYFAIR.—I think you mentioned that one hundred examiners would be required for the English conjoint scheme. How many subjects would there be for examination?

Dr. ACLAND.—All the ordinary subjects. Of course the examiners must be divided into sections, of say eight or ten, for examination. Of course, one point of the arrangement is that there should be the highest possible guarantee for getting the best possible staff of examiners. There will be a joint committee of eminent men from the different universities and corporations, who will undertake the supervision of the examiners and see that they examine according to a uniform standard. Take the case of the examiners in chemistry. Certain persons will be appointed by the representative committee, and those examiners will examine all the students who go in for the chemical examination. The only question is, whether the gentlemen who will examine in England will be better or worse than the examiners in Scotland. There is that blot, if it may be so called, in the arrangements viewed as a perfect scheme, and in order to avoid it some persons proposed years ago that there should be one peripatetic board to examine in all parts of the kingdom, so as to ensure uniformity. I think no higher guarantee could be had than the personal character and attainments of the examiners. All the difficulties would disappear much more easily in dealing with three boards than in dealing with nineteen. I believe it is true that there is a tendency for the medical profession not to increase according to the increase of the population.

Dr. LYON PLAYFAIR.—In 1851 the English census shows there were 15,241 medical men; in 1861, 14,414; and in 1871, 14,684; so that between 1861 and 1871, while the increase of the population was 13·2 per cent., the increase in the number of medical men was only 1·9 per cent. Does not that show that you must not put before the medical men of the country so high a standard of examination as to prevent the flow of persons into the ranks of medical practitioners?

Dr. ACLAND.—I think there is no doubt of that. Dr. Farr called my attention to the subject some years ago, and I mentioned the details in an address to the Medical Council. Those statistics were called in question. I did not go into the calculation, and I am not quite sure whether the objections which were raised were correct or not. The army and navy had, no doubt, greater difficulty in getting medical men, but I do not know that that depends on the examinations. That is a very complicated question, and involves very important considerations. I think it is an argument for a Conjoint Board, that thereby you would have not the severest, but the board which would be best able to look at the matter from a national point of view, and to avoid the danger of making any part of the examinations so high as to stop the supplies. This danger was pointed out to me by Sir Benjamin Brodie as far back as 1848, when I wrote a pamphlet on the subject.

Examined by Mr. ARTHUR MILLS.

It forms an important part of the duty of the Medical Council to secure the general as well as professional education of all candidates for the profession. The object of the Act of 1858 was to create machinery by which the public at large might be able to discriminate between qualified and unqualified practitioners. When a discussion arises in the Council on such points as the details of a Bill it causes delay with regard to the proper business for which the Council was established. The Council has sometimes had to meet solely in consequence of legislative action. The members will not stay more than seven or ten days, and if several days are occupied by the discussion of the Bills before Parliament, not much time is left for the discussion of educational matters. Some gentlemen have been quite unwilling to join the Council because of the public business—as I may call it—that comes before us. There is no other fund to provide for the expenses of the Council than the fees contributed on registration.

Examined by Sir TREVOR LAWRENCE.

Some twenty years ago there was conclusive evidence that, somehow, persons not qualified did get their names on the Register. The various bodies have not raised any substantial difficulty with regard to the modifications and improvements in their examinations that have been suggested by the Council on the reports of the visitors, so that now the examinations of all the bodies come much more nearly to the standard which the Council would lay down than they did originally. Imputations have been freely bandied about that there has been competition between various bodies to attract students by the ease with which their degrees were granted, but it is exceedingly difficult either to prove or disprove them. I cannot say that I myself would be disposed to give much credit to them. The supervision of education has generally taken the form of visiting the examinations. Recommendations have been made as to what the courses of study should be, and the examinations are the test as to whether those recommendations have been carried out. The licensing bodies furnish full information with regard to the courses of study they require the students to go through, and they are repeatedly commented on by the Council. Then the different bodies make observations on the reports of the examiners, so that the thing has been tested, re-tested, checked, and re-checked I do not know how often. I do not remember whether the subject of getting students to qualify themselves for the treatment of mental disease has been formally brought before the Council. The facilities offered for students in that direction vary in different places. When there are examinations on the subject, the examiners do not ask, "Where did you learn?" I do not think a combination of the universities alone, or of the corporations alone, would be so good for the regulation of education as the combined help and wisdom of both classes of minds. The Council has never originated action in the matter of the removal of names from the Register, but it is in the power of any member of the Council at any time to put down on the agenda any case that he is acquainted with. We do not feel it to be our duty to prosecute. I think there has only been one or two instances of removal from the Register when the law courts had not previously taken action.

Sir TREVOR LAWRENCE.—Have you had any experience of what is known as "obstruction" in the Council?

Dr. ACLAND.—I think that is a process of evolution which the Medical Council has not yet reached. They are far too much in earnest, and far too practical, to occupy the time of their colleagues in that way. I am by no means sure that if the Council were increased by direct representation the debates might be so extended as to interfere with the transaction of the business of the Council, but I cannot think that thirty persons would more easily settle the minutiæ of education than twenty-four. On the contrary, I think a smaller number, like the Executive Committee, would do the work better. There are, certainly, grounds for supposing that the deficiency in the supply of medical officers to the army and navy is due to the inducements which are held out being insufficient to attract practitioners to the services.

Examined by Mr. ERRINGTON.

Mr. ERRINGTON.—From the decrease of the majority in 1878 should not we conclude that a certain number of those

who voted for a conjoint scheme in 1870 must have changed their views after more careful investigation.

Dr. ACLAND.—The Council is a fluctuating body. I think there are only seven of the original members still on the Council; but no doubt there has been, to a certain extent, a change of opinion on the subject. Dr. Andrew Wood was a member of the Council in 1870, and he voted with the minority on the last occasion. The feeling of the Council, as expressed by a small majority, at present is that the Act of 1858 requires amendment, but it must certainly not be gathered from that that the standard of medical education is falling in a very alarming or rapid way. I think the evidence is that since 1858 there has been a steady progress and improvement both in education and examination, but I must add that medical knowledge itself and all the sciences connected with it are in such a condition of progress and advancement, the mass of knowledge has become so great, and the dimensions of the sciences so large, that those who have to investigate the subject feel that the sole question is not how to have the severest examination, but the best education, and therefore to have the best possible kind of examiners.

The inquiry was then adjourned till Friday next.

THE MURCHISON MEMORIAL.

(LONDON AND EDINBURGH UNIVERSITIES.)

Second List of Subscriptions.

	£	s.		£	s.
Sir Thos. Watson	10	10	Dr. Philipson (Newcastle-on-Tyne)	2	2
Dr. Moxon	10	10	Dr. Wilks, F.R.S.	2	2
Dr. Ralfe	5	5	Dr. H. Barnes (Carlisle)	1	1
Dr. J. B. Allan	5	5	Dr. H. Leach	1	1
Dr. Matthews Duncan	5	5	Mr. R. H. Woodhouse	1	1
Dr. Dobie (Chester)	5	5	Dr. Alfred Pullar	1	1
Dr. G. Harley, F.R.S.	3	3	Dr. Malcolm Simpson (Highgate)	1	1
Dr. Armitage	3	3	Dr. Fairlie Clarke (Southborough)	1	1
Sir Joseph Fayrer	2	2			
Dr. Lycett (Wolverhampton)	2	2			
Dr. Cobbold, F.R.S.	2	2			

The name of Dr. Dobie, of Chester, was accidentally omitted from the list of the Committee last week.

Subscriptions may be paid to the Treasurer, Dr. Potter, or to either of the Hon. Secretaries, Dr. Duckworth or Dr. Greenfield.

A meeting has been held at Edinburgh University with the object of promoting the proposed memorial to the late Dr. Charles Murchison, Sir Robert Christison, Bart., in the chair. There were present Dr. Peddie, President of the Royal College of Physicians; Professor Douglas Maclagan, Professor Grainger Stewart, Professor Turner, Professor Sanders, Dr. T. A. G. Balfour, and ex-Professor Balfour. The chairman, in explaining the purpose of the meeting, said it was proposed to commemorate the services of Dr. Murchison on four grounds—first, because of his distinction both as a student and as a graduate of this University; secondly, on account of the services he rendered to medical science and medical literature during his professional life; thirdly, on account of his amiable character; lastly, and, perhaps, not least, because of the sympathy they must feel for Dr. Murchison, almost as if he were still with them, on account of the remarkable termination of his life. Professor Grainger Stewart, in seconding the motion "that this meeting fully approves the scheme that a memorial of the late Dr. Charles Murchison take the form of a scholarship in clinical medicine, to be awarded alternately by the Universities of Edinburgh and London, and pledges itself to co-operate heartily to promote its success," said he thought no more appropriate memorial than that proposed could be established to the memory of Dr. Murchison. The resolution was cordially agreed to. Professor Turner moved that a committee of four be appointed to promote the memorial in Scotland, and to act in conjunction with the London committee. Professor Sanders said he had never met a man who possessed more solid intellectual qualities than Dr. Murchison, who was an old fellow student of his. He also referred to the valuable works which had been published by Dr. Murchison, and to his great power as a teacher, particularly in the branch of clinical medicine.

The fund which is being collected at St. Thomas's Hospital for the purpose of raising a memorial to the late Dr. Murchison, already amounts to £175. So large a sum having been raised, a wish has been expressed that a memorial should be instituted which shall have some practical utility. Amongst other schemes, that of founding a pathological laboratory has been suggested; but in order efficiently to carry out any such plan a considerably larger sum will have to be collected than was at first contemplated.

THE ROYAL COLLEGE OF SURGEONS.

AT the adjourned meeting of the Council, held on Thursday, the 19th inst., the consideration of the Report of the Committee on Examinations in Anatomy and Physiology on the Primary Examinations for the Membership and Fellowship was resumed. It was carried, "That Anatomy and Physiology be of equal value in the primary examinations for the Membership and the Fellowship, both in the written and *viva voce* parts of those examinations." The arrangement of the details for carrying out this resolution was referred back to the same Committee and the Board of Examiners.

A proposition of Messrs. Humphry and Marshall, that the Primary Examination for the Membership should again, as formerly, include dissection by the candidate, was agreed to.

The extent in which Comparative Anatomy and Physiology should be included in the Fellowship examination was discussed. A proposal that these subjects should be omitted altogether was negatived, as was also the proposal to print a syllabus of the subjects required; and it was ultimately decided to attach to the present regulation a proviso that "the questions in Anatomy and Physiology may require an elementary acquaintance with Comparative Anatomy and Physiology."

Mr. Holmes resigned his place in the Board and Court of Examiners, consenting to preside at the Board during the examination in July.

The President's report was deferred until the meeting of the Council in July.

Obituary.

LUTHER OWEN FOX, M.D.

THE grave has scarcely closed over the remains of Tilbury Fox, when it becomes our melancholy duty to record the death of his father, which took place on the 17th instant at Broughton, in Hampshire, in the sixty-seventh year of his age. There cannot be much to chronicle in the life of one whose entire professional existence, amounting to fifty-one years, was passed in a remote country village; and yet those who knew the late Dr. Fox will readily admit that no ordinary man has passed away, and we venture to assert that his death will cause a regret far more widespread than that which ordinarily attends the death of a country doctor.

Dr. Fox was a student of University College and St. Bartholomew's Hospital, and in the year 1833 he qualified by taking the licence of the Society of Apothecaries. In 1852 he became a Fellow of the Royal College of Surgeons, and a few years later M.D. of St. Andrews. As a practitioner, he was as successful as it was possible for a man to be in a rural district, for all opposition to him was useless, and he had an absolute command of the country for many miles round Broughton. At one time he was medical officer to three districts belonging to three separate unions, and it was no uncommon thing for him and his assistants to drive sixty or seventy miles while accomplishing their day's

work. He always stood up fearlessly and manfully for his professional rights, and all who knew him were aware that in all things he would take an independent and an upright course. It was no small mark of the esteem in which he was held by his professional brethren that he was called upon to fill the presidential chair of the Salisbury Medical Society.

Dr. Fox had a family of eleven children, of whom five alone survive him. The career of many of his sons was such as a father might well be proud of. Tilbury Fox, whose obituary notice we gave last week, was the second son.

Edward, who was a member of the medical profession, distinguished himself most highly at the University of London, where he took the degrees of M.D. and M.S., qualifying for the gold medal in both. This distinguished physician, who practised at Broughton with his father, died in 1872.

Captain Walter Reginald Fox entered the Royal Military Academy at Woolwich in 1861, and after serving some years at the Cape (during which time he became a B.A. of London) he returned, and passed into the Staff College, from which establishment he passed out first during the current year, and was forthwith appointed deputy assistant adjutant-general under General Clifford in Zululand.

Dr. T. C. Fox, who succeeds his brother in Harley-street, has already distinguished himself as an original worker in the field of dermatology; and the youngest son, Alfred, after a most creditable career at Oxford, has entered the Church.

Dr. Fox had a keen sense of the value of education, and it will be seen that his great aim was to give each of his large family of sons a fair start in the race for existence.

In his prime, Dr. Fox had a singularly handsome face and figure, and was endowed with a rich fund of humour. These facts, combined with unusual force of character, made him a great power in his district. If anything were to be done, or any meeting to be held, it was always necessary to know beforehand what the Doctor's views might be, for, invaluable as a colleague, his opposition was not to be lightly overcome. All classes will mourn his loss. The county gentlemen have lost a skilful practitioner, and one of the brightest ornaments of their society. The yeomen will mourn one whose wise counsel they often sought in matters medical and non-medical; while the poor will regret their friend, philosopher, and guide, whose genial smile and timely pleasantry robbed sickness of half its terrors.

Dr. Fox had been ailing for some years past, and was much shaken by the sudden intelligence of the death of Dr. Tilbury Fox. He leaves a widow, with whom he had passed nearly half a century of married life, to mourn his loss.

JOHN COATS, M.D.

GLASGOW has lost one of her oldest and most esteemed practitioners by the death of Dr. Coats. He graduated in Glasgow in 1836, since which time he has devoted himself assiduously to the duties of practice. He has held many appointments, which show the estimate of his character formed by those best able to judge. In 1851 he was admitted a Fellow of the Faculty of Physicians and Surgeons of Glasgow, and filled various offices in this body, as that of examiner and treasurer. For several years he was examiner in Arts, having always found time, in the midst of a busy practice, to keep up his classical knowledge. The University of Glasgow did him the high honour to make him one of their examiners for degrees in medicine. Such positions, filled honourably amid the duties of a practice of forty years' standing, imply great merit and much character.

Some appreciative hand in the *Glasgow News* has well described the chief traits of his nature:—"Sagacity, sound judgment, and strong common-sense, were, perhaps, his most prominent characteristics. To everything that savoured of sham or pretence he had an instinctive aversion. Full of anecdote, with a keen sense of the humorous, and able on occasion to wield in a kindly way the sharper weapons of wit, Dr. Coats was always a genial companion. He may be almost said to have died in harness. So short has been his illness, that there has scarcely been time for the Fellows of the Faculty to miss his familiar face from his accustomed seat on the left of the president's chair. He leaves behind him a family of three sons."

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 12th:—

Collinson, William, Rotherham.
Franklin, Jabez Austin, Bedford.
Gilkes, Malim D'Oyley, Leominster.
Lindeman, Sidney Herbert, Hammersmith.
Makeham, H. Wm. Payne, Chelmsford.
Mumby, Bonner Harris, Gosport.

The following gentleman on the same day passed the Primary Professional Examination:—

Oglesby, Joseph W., Leeds Medical School.

COLLEGE OF PHYSICIANS IN IRELAND.—At the June examinations the following obtained the licences in Medicine and Midwifery:—

MEDICINE.—William Reginald Cooper, Chas. William Folkes, Stuart Jenkins, Alice Jane Ker, William O'Donnell, Benjamin Poriotte, Thomas Emile Ryan.

MIDWIFERY.—William Reginald Cooper, Edward Jas. Cowen, Chas. William Folkes, Stuart Jenkins, Alice Jane Ker, William O'Donnell, Benjamin Poriotte, Thomas Emile Ryan.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At examinations held last week the following gentlemen were admitted Fellows of the College:—

Fleetwood, Thos. Falkner. | Sherlock, Henry.

MR. CHAPLIN, of Kildare, has intimated his intention to become a candidate for the Vice-Presidency of the Royal College of Surgeons in Ireland, at the annual election in June, 1880.

THE Dundalk Guardians have on three occasions passed resolutions to reduce the salaries of all the officials in the Union (including the medical officers, but excepting the chaplains) by seven and a half per cent.; but the Local Government Board for Ireland have refused to sanction the proposed arrangement.

THE death-rate of London last week was exactly equal to that of the week preceding—namely, 19·5 per 1000. The most fatal of the zymotic class of diseases was measles, 99 deaths being attributed to it, 11 to small-pox, 36 to scarlet fever, 10 to diphtheria, 42 to whooping-cough, 12 to different forms of fever, and 18 to diarrhœa. There was a slight rise in the mortality from diseases of the respiratory organs, which caused 264 deaths, against 246 in the week ending June 7th.

VACCINATION GRANTS.—Mr. Peter Swales, of Sheerness, and Mr. Rigden, of Canterbury, have been awarded Government gratuities for efficient vaccination in their respective districts.

MEDICAL RELIEF.—At a recent meeting of the Belfast Dispensary Committee, the Secretary was instructed to obtain the opinion of the Local Government Board for Ireland, as to whether it was incumbent upon the dispensary medical officer to take charge of a club patient who was already attended by the doctor of the society to which he belonged.

DUBLIN CONVALESCENT HOME.—The subscriptions for this proposed institution have not been obtained with the facility that the originators expected; and we understand that the total amount received or promised falls far short of £2000. In consequence it is intended to have a meeting of the subscribers on the 25th inst. at the Mansion House, to consider what further steps should be taken, the funds at present being insufficient.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Mr. John Hopper, of Stamford, bequeathed £5000 to the Norfolk and Norwich Hospital. The West Sussex, East Hants, and Chichester Infirmary has become entitled to £1000 under the will of Mrs. Idle, of Shopwyke. Mr. Edward Bevan, of Clifton, bequeathed £300 to the Royal Infirmary, and £250 to the General Hospital, Bristol. The Crewkerne Hospital has become entitled to £300 under the will of Miss Charlotte Hoskins, of Haselbury. The East Suffolk and Ipswich Hospital has become entitled to £100 under the will of Mr. James Gooch. Mrs. Dummett has left to the Belfast Lunatic Asylum, £100; Belfast General Hospital, £200; Rotunda Lying-in Hospital, £200; Hospital for Incurables, £100; Institution for Idiotic and Imbecile Children, £200; Adelaide Hospital, Dublin, £100; and Whitworth Hospital, Drumcondia, £100.

Medical Appointments.

ABRAHAM, P. S., M.A., B.Sc., F.R.M.S., F.Z.S., has been appointed Curator of the Museum at the Royal College of Surgeons in Ireland, vice Barker, deceased.

ANGOVE, E. S., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Camborne District of the Redruth Union, vice Butlin, resigned.

BATCHELOR, G. A., M.B., C.M., M.R.C.S., has been appointed Assistant to the Medical Out-patient Department of the London Hospital.

COLBORNE, H., M.R.C.S.E., has been appointed a Medical Officer to the Hastings Dispensary.

COLBORNE, J. G., M.R.C.S.E., has been appointed a Medical Officer to the Hastings Dispensary.

ELLIS, H. V., M.B., C.M., has been appointed Certifying Factory Surgeon for the District of Reynoldston, Glamorganshire, vice Davies, deceased.

GRINFIELD-COXWELL, J. E., L.K.Q.C.P.I., has been appointed Certifying Factory Surgeon for the District of Worthing.

HALL, C. R., L.R.C.P.Ed., M.R.C.S.E., has been appointed Junior House-Surgeon to the Metropolitan Free Hospital, vice Johnstone, resigned.

HAMILTON, J. C., M.B., L.R.C.S.I., L.M., has been appointed Medical Officer, Public Vaccinator, &c., for the Powerscourt Dispensary District of the Rathdown Union, at £110 per annum and fees, and £20 per annum as Medical Officer of Health; and Medical Attendant to the Royal Irish Constabulary, Enniskerry, vice Rice, resigned.

HIFFERNAN, J. E., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Assistant House-Surgeon to the East Dispensary, Liverpool, vice Fetherstonhaugh, resigned.

HOWE, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Llanidloes Urban Sanitary District, Montgomeryshire, at £20 for one year, vice Shiels, deceased.

JAMES, A., M.D., F.R.C.P.Ed., has been appointed a Medical Officer to the New Town Dispensary, Edinburgh, vice Cumming, deceased.

KER, H. R., L.R.C.P.Ed., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Dudley, vice Dunn, deceased.

MACLOUGHLIN, T. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Clara Dispensary District of the Tullamore Union, King's County, at £100 per annum and fees, and £20 per annum as Medical Officer of Health, vice Brady, resigned.

MAY, H., L.R.C.P.I., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Ware.

MORGAN, Mr. W., has been appointed Public Analyst for the Borough of Tenby, at £5 5s. per annum and 15s. per analysis.

MORTIMER, J., M.D., M.R.C.S., has been appointed House-Physician to the Wolverhampton and Staffordshire General Hospital.

MORTON, J., M.B., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Guildford Urban Sanitary District, at £42 for one year.

NICOLL, W., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Kirkmichael, Banffshire, vice Stewart, whose appointment has expired.

RANDLE, J. M., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer for the Ugborough District of the Totnes Union, vice Cornish, resigned.

RAYNER, A. C., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Preston Union, vice Oliver, resigned.

RILEY, J. W., M.R.C.S.E., has been appointed Medical Officer for the Heath Town District of the Wolverhampton Union, and Deputy Medical Officer to the Workhouse, vice Hands, resigned.

RUDD, W. A., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Withernsea, Hull.

SANDFORD, E., M.R.C.S.E., has been appointed Medical Officer for the Baschurch District of the Ellesmere Union, vice Prichard, deceased.

SHORTER, H. G., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Hastings Dispensary.

SOLOMAN, C., L.R.C.P.Ed. & L.M., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the District of Skirlaugh, Hull.

STOCKWELL, F., M.D., M.R.C.S.E., has been appointed Medical Officer to the Shepton Montague Friendly Society, Bruton, vice Heginbothom, deceased.

WINTER, A., M.R.C.S., L.K.Q.C.P.I., has been appointed House-Surgeon to the Wolverhampton and Staffordshire General Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BUZZARD.—On the 13th inst., at Grosvenor-street, the wife of Thomas Buzzard, M.D., of a son.

COLLINS.—On the 8th inst., at East Grinstead, the wife of Charles E. Collins, L.R.C.P.I., of a daughter.

HALL.—On the 11th inst., at North-street, Leeds, the wife of Frederick Hall, M.D., of a son.

ROBERTS.—On the 12th inst., at Upper Rathmines, Dublin, the wife of Browne Roberts, L.K.Q.C.P.I., of a daughter.

ROSSITER.—On the 11th inst., at Weston-super-Mare, the wife of George Frederick Rossiter, M.B., of a son (prematurely).

MARRIAGES.

MUSKETT—PAKEMAN.—On the 5th inst., at the Parish Church, West Hackney, Edwin B. Muskett, M.D., to Charlotte Eamonson, daughter of the late S. W. Pakeman, Esq.

NAPIER—HARPER.—On the 11th inst., at Southsea, Hants, Dr. A. Napier, of Crosshill, Glasgow, to Bessie, only daughter of the late J. C. Harper, Esq., Surgeon, of Rangoon, British Burmah.

DEATHS.

ANDREWS.—On the 7th inst., at Willow-bank, Titchfield, Dr. John Andrews, Fleet Surgeon R.N., retired, aged 61.

BLAND.—On the 15th inst., at the County Asylum, Forston House, Dorchester, Ellen Marion (Nellie), wife of W. C. Bland (greatly beloved and deeply regretted), aged 31.

CRAWFORD.—On the 13th inst., at Montague-street, Russell-square, Adair Crawford, M.D., aged 88.

GILSON.—On the 8th inst., at Chelmsford, John Thomas Gilson, F.R.C.S.E., aged 76.

HARMER.—On the 15th inst., Winifred Alice, fourth daughter of W. M. Harmer, F.R.C.P. &c., Physician-Superintendent, Hawkhurst Asylum, aged 3 years.

MANSELL.—On the 11th inst., at Grange-road, Guernsey, Thomas Lukis Mansell, M.D., aged 69.

PERRY.—On the 7th inst., at his daughter's residence, The Shrubbery, Surbiton, George Joseph Perry, M.R.C.S., L.S.A.L., of Canon House, Melksham, deeply regretted by all who knew him.

RIDDELL.—On the 23rd ult., at Byculla, Andrew N. E. Riddell, Surgeon-Major 18th Regiment, Indian Army, aged 48.

SMITH.—On the 1st ult., at H.B.M.'s Agency and Consulate-General, Bangkok, Siam (suddenly), Flora Frances Matilda, wife of G. Stevenson Smith, Esq., Surgeon to the Consulate (deeply beloved by numerous friends), aged 35.

WILSON.—On the 14th inst., at North Frederick-street, Dublin, Richard Francis Wilson, L.R.C.P.Ed.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

BOOKS ETC. RECEIVED.

CHATTO & WINDUS, London.
The Art of Dress. By Mrs. H. R. Haweis.

J. & A. CHURCHILL, London.
The Student's Guide to the Diseases of Women. By Dr. A. L. Galabin.
Parasites. A Treatise on the Entozoa of Man and Animals. By Dr. T. S. Cobbold.
A Manual and Atlas of Medical Ophthalmoscopy. By Dr. Gowers.

V. ADRIEN DELAHAYE ET CIE., Paris.
Bulletin de la Société Clinique de Paris. Vol. II. 1878.

HARDWICKE & BOGUE, London.
The Conqueror's Dream, and other Poems. By Dr. W. Sharpe.

W. H. HARRISON, London.
Spirits before our Eyes. By W. H. Harrison.

H. K. LEWIS, London.
The First Lines of Therapeutics. By Dr. A. Harvey.
The Diseases of the Heart, with their Treatment. By Dr. J. M. Fothergill.

LINDSAY & BLAKISTON, Philadelphia.
Lectures on Practical Surgery. By Dr. H. H. Toland.

LONGMAN, GREEN, & Co., London.
Fragments of Science. Vols. I. & II. By John Tyndall.

SAMPSON LOW & Co., London.
Children's Lives, and how to Protect them. By Dr. W. Lomas.

E. STANFORD, London.
Floral Dissections Illustrative of Typical Genera of the British Natural Orders. By the Rev. G. Henslow.

WERTHEIMER, LEA, & Co., London.
Proteus. A Natural History of Malarial Poisoning &c. By the Rev. R. Bingham.

WILLIAM WOOD & Co., New York.
A Manual of Physical Diagnosis. By Dr. F. Delafield.
Lectures on Electricity in its Relations to Medicine and Surgery. By Dr. A. D. Rockwell.

Some Remarks on Workhouse Hospitals, with Illustrative Cases. By T. M. Dolan. (C. Goodall, Leeds.)—De la Déviation Conjuguée de la Tête et des Yeux. By Dr. J. Grasset. (Delahaye, Paris.)—Greenhouse Favourites. Part I. (Groombridge and Sons.)—Lectures on Clinical Surgery. By J. Hutchinson. Vol. I. Part II. (J. & A. Churchill.)—Sunday at Home; June. The Leisure Hour; June. The Boy's Own Paper; June. (The Religious Tract Society.)—The Sunday Magazine; June. Good Words; June. (Daldy, Isbister, and Co.)—Recent Letters and Speeches by Thomas Brassey, M.P. (Longman, Green, & Co.)—Social Notes; May.—Water; by S. N. C. Thompson. (Book Society, London.)—Urethrismus, or Chronic Spasmodic Stricture. By Dr. F. N. Otis.—Observations on the Contagion of Enteric Fever. By Dr. A. Collie. (Smith, Elder, & Co.)—The Contemporary Review; June. (Strahan & Co.)—How we Bury our Dead, and how the Dead should be Buried. By S. P. Day. (J. Hodges, London.)—Copyright and Patents for Inventions. Vol. I. (T. & T. Clark, Edinburgh.)—Impotency in Women. By Dr. E. Van de Warker. (W. Wood & Co., New York.)—Normal Position and Movements of the Unimpregnated Uterus. By Dr. E. Van de Warker. (W. Wood & Co., New York.)—Archives of Otology. No. I. Vol. VIII. Archives of Ophthalmology. No. I. Vol. VIII. (G. P. Putnam, New York.)—Vivisections and Painful Experiments on Living Animals, their Unjustifiability. By Dr W. G Gimsen. (Bradbury, Agnew, & Co.)

Notes, Short Comments, and Answers to Correspondents.

PUBLIC HEALTH IN THE AMERICAS.

THE weekly bulletins issued by the Surgeon-General of the United States Marine Hospital Service do not, as regards April, present any very special features of interest. San Francisco shows a death-rate for the month of 13·3 per 1000 of population; New Orleans of 23; New York of 25; and Newark of 32 per 1000. As regards South America, at Rio de Janeiro, a death-rate of 37 per 1000 obtained during the first week of the month. The United States ship *Plymouth* was affected with yellow fever while lying in the harbour of Santa Cruz. The ship was ordered to Boston, everything shipped, and the temperature of the decks brought below zero. Sulphur was afterwards burnt between decks, the store-room &c. thoroughly whitewashed, and the vessel sailed for Boston southwards. During a severe gale, as the hatches had to be battened down, the 'tween decks became close and damp; two men showed symptoms of yellow fever shortly afterwards, and, on the advice of the surgeon, the ship was headed northwards. The disease spread no further. At Rio it appears that during the four weeks ending April 26th no less than 175 deaths occurred from yellow fever; so-called "pernicious" fever, 41; and 16 from enteric fever.

Obadiah.—We are obliged, but cannot revive the discussion.

THE CONJUNCTION OF GENERAL AND PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—As "an ounce of fact is worth a ton of theory," and lest any should be misled by the "reasons" of Dr. Hooper, I beg to state that the Southampton Dispensary was established in 1823, has many invested benefactions, and from its commencement until 1877 was an entirely gratuitous dispensary. At the beginning of the latter year a provident branch was added to it. The two classes of patients have ever since met together in the same waiting-room, and both branches have worked in perfect harmony. There has been no distinction, and there has not once arisen any "confusion, jealousy, or contention" between the patients. The provident patients are now somewhat in excess of the gratuitous, not by any diminution of the latter, but by a steady and continuous increase of the former. There is but one fund for the whole institution, and the medical officers divide the balance. This has led to no "niggardliness in prescribing"; for two months back the Committee felt constrained to bring the lavish expenditure in drugs to the notice of the medical officers. The same objections which Dr. Hooper brings forward were alleged, and several times fought over, ere the two systems were allowed to be united. The success of the conjunction is so marked that the Committee are sore pressed to find a site on which to build a similar but larger institution.

I am, Sir, your obedient servant,

R. W. W. GRIFFIN, Hon. Secretary.

Southampton, June 14th, 1879.

Enquiry.—1. The L.S.A. only confers the right to practise in medical cases.—2. The person holding it alone would not be able to recover in surgical cases.—3. Yes. The use of the title "Dr." under the circumstances would be most unwarranted.—4. Much the same books, with the addition perhaps of Quain, Foster, &c., would be required.

C. A. S.—By no means an uncommon case; in truth, it is very common. A loaded rectum, spinal irritation, hæmorrhoids, urine acid, or stone in the bladder will cause the symptoms described.

Dr. Cole.—The case is important; but we do not think it desirable to single it out from many others of equally unsatisfactory character.

CHRYSOPHANIC ACID.

To the Editor of THE LANCET.

SIR,—*A propos* of "E. G. S.'s" letter on the above subject, in your issue of May 31st, I have by me the notes of two cases of psoriasis occurring in the Brighton Children's Hospital when I was resident medical officer that were both treated with chrysophanic-acid ointment. In both these cases the ointment produced erythema of the whole body, which was followed in a few days by as complete desquamation. The erythema appeared in each case a week after the first using of the ointment, beginning in the skin surrounding the eyes, then appearing wherever the skin was thin until it covered the whole body. Upon the first appearance of erythema the ointment was left off, and warm oatmeal baths ordered. In neither case did the erythema last more than a few days; and upon the completion of the exfoliation, the disease, which in both cases was of some years' duration, was cured.

I may mention that Dr. Barker, under whom the above two cases were, told me of an interesting case he had in private: that of a lady, who had the same results following the application of the ointment to a little patch of psoriasis behind the ear.

I may add that I fear "E. G. S." will find nothing capable of removing the stains from linen.

Yours faithfully,

Bradford, June 11th, 1879. W. G. BURNIE, M.R.C.S.E.

RICHMOND DISTRICT LUNATIC ASYLUM, DUBLIN.

FROM the Report for last year we learn that on the 31st December, 1877, there were 1061 inmates in the asylum, and that 63 relapsed cases and 389 cases of first attack were admitted in 1878, making a total under treatment of 1511. Of this number, 287 were discharged last year, 203 being cured, 44 improved, and 20 unimproved or incurable. The deaths amounted to 181, a percentage almost equal to 12 on the total number in the institution. As regards the social condition of the patients, it appears that of 1061 remaining in the asylum on the last day of 1877, 211 were married, 634 single, 50 widowers or widows, and 166 unascertainable. The inmates whose mental disease was attributed to moral causes formed a total of 129, the majority being due to grief, fear, and anxiety; next, to religious excitement and reverse of fortune; while to physical causes 195 cases were attributed, intemperance and irregularity of life heading the list, bodily injuries and disorders ranking second. The cost per patient amounted to £36 8*s.* 4*d.*

Surgeon-Major A. F. Bradshaw.—Arrangements are being made for the purpose.

PORTSMOUTH BOROUGH ASYLUM.

To the Editor of THE LANCET.

SIR,—I am very glad to see that one of the candidates for the post of medical superintendent of the Portsmouth Borough Asylum has been good enough to detail his experience with the Town Councillors, and I trust that it may act as a kind of "awful warning" to such as may not have sufficient self-respect to refrain from subjecting themselves to the individual scrutiny and (as often happens) to the impertinent questions of such a body. It may be thought, however, both by the speciality and the profession at large, that too much weight should not be attached to the utterances of a disappointed candidate for an important post; and with this view perhaps I may be allowed, as the senior assistant medical officer of a large county asylum, as one who received the circular referred to by "Non Libet," and as one who never entertained any idea of being a candidate, to state how emphatically both I and all those in the specialty with whom I have had an opportunity of speaking on the subject disapprove and condemn the method pursued by the Portsmouth Town Council in this matter.

With regard to the system of canvassing, it appears to be one that carries its own condemnation with it. Besides the slights to which it subjects the canvasser, to which it may be held that no man of dignity whose services were worth having would for a moment submit, it nullifies the whole purpose of sending in testimonials, the object of which is supposed to be to secure the appointment of presumably the best man for the place. Of course, as the ultimate decision of the Town Council is not yet known, it would be premature, not to say impossible, to criticise their selection; but if it be true that two-thirds of the votes have been already promised to one man, who has had no previous experience in lunacy—a report which I had heard before reading the letter of "Non Libet,"—all I have to say is that, considering the onerous duties which devolve upon a superintendent even of a well-managed asylum in full working order, and considering how much more responsible and trying will be the duty of opening a new asylum, and settling all the thousand and one petty details which must present themselves, and many of which, it seems to me, could only be properly appreciated and decided upon by one who had had considerable experience in lunacy,—I say, considering all these circumstances, it would appear in the highest degree injudicious (to put it mildly) to run such a risk as to turn a lot of lunatics (many of them probably homicidal or suicidal, or both), epileptics, idiots, and dements into an asylum to be looked after by a person who, whatever be his general qualifications, cannot in the nature of things possess the necessary technical knowledge for an undertaking of this description. I venture to prophesy that if the Portsmouth Council elect a gentleman with no previous experience, they will find the weekly rate charged to the borough soon rise to an amount which would astonish unsophisticated minds, and I can think of no argument more likely than this to appeal effectually to the intelligence of a body composed, according to "Non Libet," of "small retail tradesmen, pastry-cooks, &c."

Of the peculiarly ingenious increase of salary arranged by the Council, I have only to say that it appears to me an unworthy device for defrauding the labourer of his hire; and instead of getting a rise of, say, £100 at the end of five or six years' service, it has been put out of the power of the successful candidate to apply for an increase for at least ten years, when the probability is he may be liberally offered £30 a year more.

In conclusion, I can only congratulate "Non Libet" on his fortunate escape; and in case the general practitioner referred to in his letter gets the appointment, I heartily wish that gentleman safe through his first year of office, though I do not envy him the reading of the report left by the Commissioners after their first visit.

I am precluded by obvious reasons from signing my name; but I enclose my card, and beg to remain, Sir, your obedient servant,

June, 1879. H.

Mr. J. Hampson.—The subjects of the curriculum and of the primary examination are, we believe, identical. For the double qualification an additional course of medicine is required.

Rev. C. H. Davis.—We do not think the question can be discussed on physiological grounds.

Mr. T. Moore.—If possible, next week.

MEDICAL OFFICERS OF HEALTH, DUBLIN.

AT a meeting of the Corporation of Dublin held last Monday, a report of the Public Health Committee was under consideration, which recommended that the resignation of Dr. Mapother as superintendent medical officer of health should be accepted, and that his salary as consulting medical officer be fixed at £150 per annum. Also, that Dr. Cameron be appointed superintendent medical officer in conjunction with his present office of medical officer of health, at a salary for the two offices of £300 a year; and that his salary as city analyst be fixed at £200 a year instead of £300, as previously. The report was adopted, with the exception that instead of Dr. Cameron receiving £500 a year, his total salary was fixed at £450.

Mr. Macdonald.—The subject was dealt with in the usual way, and the correction of name &c. made as requested.

THE ST. KATHERINE'S ORDER OF NURSES.

To the Editor of THE LANCET.

SIR,—Whilst agreeing with the remarks contained in your annotation concerning this Order, I trust you will allow me to put forward a few facts and remarks to further strengthen your arguments if possible.

I understand that £50 per annum is to be given to each of the nurses appointed, and a like sum is to be paid to the home where each happens to have been educated. As you have truly stated, these homes, as a general rule, are in good pecuniary positions, those in connexion with hospitals being usually well paid for the services of their staff of nurses (the Lady Stanley Home receiving the equivalent of about £1480 per annum), besides being allowed the privilege of practically educating their probationers in the wards; and as they send out nurses to private cases at an adequate remuneration, ranging from £2 2*s.* to £6 6*s.* per week, it cannot be said they are established from purely charitable motives. From these facts I will endeavour to convince the medical profession that to hand £50 per annum for each nurse to these homes is diverting a large sum of money from its proper channel. On the other hand, my experience has taught me that they learn the most of their practical work from the medical officers in connexion with hospitals; and as medical charities were established for the benefit of the sick poor, it would surely be far more consistent with the wishes of the founders of the St. Katherine's Hospital to devote it to them.

I also notice that Sir Rutherford Alcock especially insists that matrons only are capable of designating and selecting the most deserving nurses, thereby completely ignoring the profession of which I believe him to be a most honourable member. I entirely differ from his opinion, as I have found as a subordinate officer that good and skilful nursing is certainly not the chief qualification that commends itself to the notice of the matron; and furthermore, in any emergency, if a special nurse should be required, the matron is generally in opposition to the wishes of the medical officers, consequent upon the absence of nurses in attendance upon private cases for the benefit of the home.

In mentioning these matters I must acknowledge that I have taken only one training home as my guide, and I should like to know the opinion of those who have occupied the same position as myself.

Yours obediently,

June, 1879. A FORMER HOUSE-SURGEON.

Dr. J. McG. Maclagan.—The case might be admissible to one of the training institutions for idiots—e. g., Earlswood. The inquiry should be made directly to the secretaries or medical superintendents.

Mr. J. H. Hughes.—Krohne and Sesemann, 8, Duke-street, Manchester-square.

GUNSHOT WOUNDS OF THE SKULL.

To the Editor of THE LANCET.

SIR,—In the American reprint of your valuable journal for March of the present year, I find an article "On the more Extensive Splintering of one than the other Table in certain Fractures of the Skull," in which I am pleased to find that the author, Gilbert Kirker, M.D., M.R.C.S.E., offers precisely the same explanation in regard to the differences usually found between the orifices of entrance and exit in gunshot wounds in general, as had already been some time advanced by myself.

Permit me to invite the attention of Dr. Kirker and the medical public to the following quotation from an article on "Injuries of the Head," published in the *New Orleans Medical and Surgical Journal* for November, 1877, and read by me before the New Orleans Medical and Surgical Association in June, 1877:—

"If a bullet passes through the whole thickness of the cranial wall, it presents the features combined in one of a punctured and comminuted fracture. The outer table presents a larger orifice than the inner table in such a case; but if the ball passes through and escapes from the skull, the second fracture presents exactly the reverse phenomena. In it the wound through the inner table is the smaller, and smaller than that of the inner table at the point of entrance. It seems strange to me that these universally admitted facts have not long since sufficed to explode all the theories hitherto advanced in explanation of the difference in size between the orifice of entrance and that of exit in gunshot wounds in general. The explanation usually adopted is that the momentum of the ball is diminished by the resistance of the tissues; and when it reaches the surface of exit, its velocity being somewhat impeded, the parts thus situated have time to yield in front of the missile, and thus, presenting a larger surface, are torn to a greater extent. The phenomena in the case of a gunshot wound passing entirely through the skull are in direct contradiction to this theory; for if the diminished momentum were the chief cause, the ball, as it penetrates the inner table of the bone at the point of exit, should make a larger wound than when it passed through the inner table at the wound of entrance, for it has lost some momentum in passing through the brain. This, then, cannot be the full explanation, though there is no doubt but that some of the difference is due to this cause. Mr. Teevan's explanation is to my mind equally insufficient. He argues that the greater size of the orifice of exit in gunshot wounds is mainly due to the fact that the ball carries before it portions of the tissues and foreign bodies, and is thus practically increased in size as it goes, and consequently makes a larger orifice of exit. Possibly something may be due to this agency in some cases. But why, then, in wounds of the head, passing through, is the inner table at the orifice of entrance more extensively fractured than the inner table at the orifice of exit? *To my mind it is almost exclusively a question of relative support.* The tissues beneath the surface of entrance afford a certain degree of support, which tends to prevent their yielding. They are, therefore, more or less cleanly cut. But at the surface of exit the comparatively little support afforded by the air permits more yielding, and therefore a larger rent is made. Apply this reasoning to the case of a gunshot wound passing through the head, and all the phenomena are at once explained. The outer table at the point of entrance is supported by the diploe and the inner table, while the latter is only supported by the soft membranes and brain, and the wound through the latter is therefore larger. The inner table at the point of exit is supported by the diploe and the outer table, and therefore the hole through it is not only smaller than that through the outer table at the exit, but smaller than that through the inner table at the point of entrance. I have held and taught these views in regard to this oft-mooted question since 1860, at which time I demonstrated its truth on the dead subject. I fired pistol-balls through the limbs with the latter braced against a piece of soft wood, and invariably the orifice of exit was the smaller; for the support of the wood to the surface of exit was greater than the support of the tissues to the surface of entrance, notwithstanding the loss of momentum, and, according to Teevan's theory, the possible accumulation of material, like a rolling snow-ball, by the missile. I claim for my simple theory that it not only explains the phenomena of gunshot orifices in skull wounds, but also the not infrequent and otherwise puzzling exceptions when in other portions of the body we find the orifice of exit smaller than that of entrance. Some chance support is probably present in all such instances.

"I saw several cases during the war in which, the patient being on horseback, the ball traversed the thigh where it rested firmly against the saddle, this fact explaining the comparatively small orifice of exit.

"The importance of this discussion becomes apparent when we consider its medico-legal bearings. We can only testify that, as a rule, the orifice of entrance is smaller and less torn than that of exit; and it seems to me that the exceptions to the rule might be fully and satisfactorily explained on the principle I advocate, even to an ordinary jury."

I send you by the same mail which takes this communication a copy of the journal itself. The extracts above quoted will be found on pages 367–369.

Trusting that, in justice to my claim for priority in this matter, you may find space in your journal for this letter,

I remain, Sir, yours respectfully,

SAMUEL LOGAN, M.D.,
Professor of Anatomy and Clinical Surgery, Medical Department of the University of Louisiana.

New Orleans, Louisiana, U.S.A., May 3rd, 1879.

A Successful Candidate.—The examiners for the Fellowship of the College of Surgeons are the same as those at the pass examination for the Membership—viz., Messrs. Holden (Chairman), Erichsen, Le Gros Clark, Savory, Curling, Birkett, Marshall, Holmes, Forster, and Dr. Humphry. The Board of Examiners at the primary examinations for Fellowship and Membership consists of Messrs. Holmes (Chairman), Wood, Power, Heath, Hulke, Durham, Pick, Baker, and Rivington

Mr. E. A. Stephenson, (Tramore.)—Yes.

THE CASE OF THOMAS MILLERCHIP.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your inserting the accompanying additional list of subscriptions:—

Mr. H. Stear, Saffron Walden, Essex	£1	1	0
Messrs. Manby and Manby, East Rudham, Suffolk	1	1	0
Mr. Wm. Adams, Henrietta-street	3	3	0
Dr. W. Berry, Wigan	0	10	6
Sympathising M.D.	0	10	0
Mr. W. B. Hunter, Littleport, Cambs.	1	1	0
Mr. Hunter's Assistant	0	5	0
Dr. Beddoe, Clifton	0	5	0
Dr. R. Barnes	2	2	0

I am, Sir, yours obediently,

33, Dean-street, Soho, June 18th, 1879. JOSEPH ROGERS.

H. G. D.—Is it not a case of syphilis? The appearances described are remarkable. If the circumstances had been different, a suspicion of farcy might have existed.

A Registered Practitioner.—The recommendation should be addressed to the Registrar of the Medical Council.

CAMBRIDGE WATER-SUPPLY.

IN answer to the statement that "many of the Cambridge medical men object to the town supply on the ground of its tending to produce disease," the Secretary of the Town Waterworks has obtained analytic reports from Professors Taylor and Cummings, Dr. Hassall, and others, all concurring in the opinion that the Cambridge water is, on the contrary, very good, wholesome, and suitable for potable purposes.

J. P.—Refer to the Medical Directory.

COMPLETE UTERINE INVERSION AFTER DELIVERY; REPOSITION; DEATH.

To the Editor of THE LANCET.

SIR,—The following case is analogous in almost every particular to that related in THE LANCET of the 31st ult.

Mrs. R——, aged twenty-five years, was confined early on the morning of the 4th inst. of her fifth child. She was attended by a midwife, and no alarming symptoms presented themselves till after the completion of the second stage. The midwife stated that after waiting about half an hour she, finding the placenta still retained, used some force to promote its expulsion. Not only by her efforts was the placental mass removed, but there followed in its wake a large globular tumour, which almost completely filled the vagina, and gave rise to alarming hæmorrhage. At this juncture Dr. Woolley, of Heanor (the local medical man), was sent for, and found on his arrival the patient all but moribund from shock. After the patient's condition had been somewhat improved by stimulants &c., and the hæmorrhage stayed by cold wet cloths packed between the vaginal walls and the tumour, the taxis was attempted without success. I saw the case in consultation some hours after the event, and elicited the above facts. The inversion of the uterus was complete. On passing the finger round the uppermost part of the tumour, it was found to be continuous with the vaginal walls. No uterine neck could be felt. Although the collapse was not quite so pronounced as when Dr. Woolley first saw the patient, still her condition was extremely critical. After waiting nearly an hour, during which time frequently repeated small doses of egg-and-brandy were administered, and also two doses of tincture of opium of twenty-five to thirty drops each, an attempt at replacement was made, but had to be desisted from on account of the pain it caused the patient. A second trial under chloroform was successful. The manner of reposition was as follows:—Counter-pressure was maintained by Dr. Woolley over the hypogastrium, whilst with both my hands encircling the uterine tumour I synchronously compressed and exercised sustained pressure upon it. The contraction of the os uteri was difficult to overcome; but when it became relaxed, the reposition was soon completed. After replacement I passed my hand into and round the uterine cavity, with the twofold object of making myself certain of the fact, and of inducing contractions of the organ. The patient, as I afterwards learned from Dr. Woolley, died the same evening.

Your obedient servant,

GEORGE ELDER, M.B.,
Surgeon to the Women's Hospital, Nottingham.

Nottingham, June 9th, 1879.

Mr. Williams.—The John Hunter Medal of the College of Surgeons has never been awarded. The following gentlemen have been the recipients of its "Honorary Gold Medal":—Mr. James Wilson in 1800, Mr. James Parkinson in 1822, Mr. Joseph Swan in 1825, Mr. George Bennett in 1834, Mr. W. Lodewyk Crowther in 1860, and Dr. T. Bevill Peacock in 1876.

ANNUITIES FOR WIDOWS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—At the annual meeting of the Salisbury Medical Society I made a proposition to establish a fund for the widows of medical men, to be based on principles of providence and thrift, and entirely free from an eleemosynary element. It was suggested that a sum be paid on entrance, varying with the age of the applicant, and that an annual subscription, varying in like manner, be also paid by each member; and that tables of subscription be drawn up by a competent actuary, showing the amounts required to produce an annuity of £50 for each share subscribed for. The funds to be invested, in such securities as trustees are by law permitted to purchase, in the names of the President of the College of Surgeons, the President of the College of Physicians, and two others to be elected from time to time from among the members. The affairs of the Society to be managed by a committee of the members.

The Society being purely mutual and confined to medical men, the subscribers would secure themselves against an anxious contingency, and in doing so would feel that they received all that their money could safely produce, and, being purely provident and not charitable, the annuities would be paid in the ordinary course of business to all widows alike, without regard to their circumstances.

I have already a list of those willing to join when a suitable scheme can be arranged, and I should be glad to add to it the names of any of your subscribers.

Any information as to kindred Societies connected with our own or other professions I should also be grateful for.—Yours &c.,

CHARLES R. STRATON.

West Lodge, Wilton, Salisbury, June 6th, 1879.

*** The object of our correspondent is good; but we are not sure that we can recommend him to venture on what is practically the business of a Life Insurance Office without much consideration and a very large basis of support.—ED. L.

DR. WILLIAM PETER POWELL, M.R.C.S. ENG.

THE friends of this gentleman, especially his mother, are very anxious to know his present residence, it is believed either in Australia or New Zealand, as nothing has been heard of him since July, 1872. Please address Mr. Mercy Ocooch Powell, 10, Great George-square, Liverpool.

A Metropolitan Fellow.—The annual election of President, Vice-Presidents, and other officials of the Royal College of Surgeons will take place on Thursday, the 10th proximo, the week following the elections into the Council, when Mr. Luther Holden will, no doubt, succeed Mr. Simon in the Presidency, and Mr. Erichsen and Mr. Wilson be elected senior and junior Vice-Presidents respectively.

T.—Savory's Compendium.

Leicester.—The medical officers in charge are allowed 10s. 6d. per head for all emigrants landed alive in the colony.

Mr. F. H. Weekes is thanked.

THE M.D. OF BRUSSELS.

To the Editor of THE LANCET.

SIR,—On the principle of "Audi alteram partem," I think that a short comment on the letters which have recently appeared in THE LANCET about the Brussels M.D. will not be out of place in your columns. It is, of course, only natural that the gentlemen who have experienced so much difficulty in obtaining this honour should be proud of the new title which they have acquired; but surely the assertion that, with the exception of the University of London, there is no examination in Great Britain in medical subjects equal to it in severity and thoroughness, must be somewhat enthusiastic.

What can these new M.D.s know of the Universities of Oxford, Cambridge, Edinburgh, and Dublin? That six out of eight aspirants should have been rejected at Brussels is quite as much proof of the unpreparedness of the candidates as of the severity of the examination. As to "no one who is not well up in his subjects" having any chance of obtaining his degree, such a statement is calculated to frighten many who have otherwise an excellent opportunity of passing with credit.

The writer knows one gentleman who, finding the Physicians' College of Edinburgh blind to his merits, ran over to Belgium, and, thanks to being a Freemason, returned with the degree of "doctor." It was even reported that the University porter (owing to this gentleman's short-sightedness) kindly performed the operations which formed the practical part of the surgical examination.

The existing regulations of English Universities make the M.D. degree unattainable by most general practitioners. That these should procure this title elsewhere is under the circumstances quite justifiable; but it would be more prudent not to call further attention to the quality of the wares. Such a proceeding savours strongly of advertisement. There has been hitherto no tendency on the part of English graduates to cast any slur upon the qualification in question; but self-eulogy often reads like apology, and suggests forcibly that *qui s'excuse s'accuse*. The doctorate of Brussels is a purely commercial speculation on the part of an impecunious University, and the admission of Englishmen is only an instance of the law of demand and supply. Those who take this degree should not forget that it confers no right to practise either in Belgium or in any other part of the globe. Yours &c.,

Paris, June 8th, 1879. ANGLICUS.

To the Editor of THE LANCET.

SIR,—I quite agree with Drs. Walker and Beresford Ryley (*vide* THE LANCET of the 31st ult., p. 794) as to the most searching and thoroughly exhaustive questions, especially in pathology, anatomy, medicine, and surgery, put to candidates for the Brussels M.D. degree; but I should like to add that there are certain modes of Continental treatment with which it is advisable they should be acquainted. The time of detention in Brussels—a serious item in the expenditure to men in large practice—may be more than a week, as in my own case. My name was inscribed in the book on June 3rd before 10 A.M., and my final examination did not end until Thursday, 11 A.M., June 12th, and the same thing occurred with other gentlemen. Yours faithfully,

Abbey-road, June 14th, 1879. FRED. A. HILL, M.D.

THE M.D. DEGREE AND THE FALSE USE OF THE TITLE OF "DOCTOR."

Mr. William Berry writes most sensibly on this subject, and strongly urges that the University of Durham should throw open its degree to men younger than forty. Let its examination be as severe as it pleases. But he pertinently asks why a man should be debarred from getting a degree before he is forty if his character and knowledge are such as to entitle him to it.

Sufferer.—The medical practitioner who adopted this ambiguous *nom de plume* on a recent occasion will find the information he requires in any good text-book on the subject of Therapeutics—for example, that by Dr. Sydney Ringer.

Mr. James Startin.—The subject has been discussed on many occasions in our columns.

Surgeon-Major Curtis should, in *the first instance*, submit the case to the Director-General of the Army Medical Department.